

This form can be used to request that user accounts be created to obtain access to the CSAT on-line screening tool. At the completion of this form, print the Acrobat PDF document that is generated. **All individuals listed on the printed document must sign and date the form. The completed form must be sent via fax to 866-731-2728 or mail to Chemical Security Compliance Division, ATTN: CSAT User Registration, Department of Homeland Security, Building 5300, MS 6282, P.O. Box 2008, Oak Ridge, TN 37831-6282**

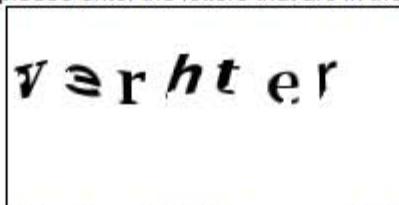
There are three user roles for which access is granted: "Preparer", "Submitter" and "Authorizer". The **Preparer** is authorized to enter data into the CSAT on-line screening tool but is not authorized to formally submit the data on the company's behalf. This person is a qualified individual familiar with the facility in question. The **Submitter** is certified by the company or corporation to formally submit the regulatory data to DHS. The Submitter must be an officer of the corporation (or equivalent) or be designated by an officer of the corporation, and domiciled in the United States. To gain access, each Preparer and the Submitter require the signature of an Authorizer. On behalf of the company that owns the facility, the **Authorizer** verifies that the user account request for the Preparer and Submitter is valid.

The Preparer, Submitter, and Authorizer can be the same person or unique individuals. Some facilities may choose to have the Preparer and Submitter be the same person. Larger facilities or companies with complex organizational structures may wish to consolidate a significant number of facility submissions through a single or multiple Submitters. More information on the program is available at <http://www.dhs.gov/chemicalsecurity>

Paperwork Burden Disclosure Notice

The public reporting burden for this form is estimated to be 44.5 minutes. The burden estimate includes time for reviewing instructions, researching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Attention: Sabrina Nelson, DHS Desk Officer, U.S. Department of Homeland Security, GSA Bldg, 7th & D Street, SW Mail Stop 3725-1 Washington, D.C. 20528 (Paperwork Reduction Project (1670_XXXX)). Your response is mandatory according to Public Law 109- 295 Section 550. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. NOTE: DO NOT send your completed form to this address.

To continue, please enter the letters that are in the image below:



[I cannot determine which letters appear in this image.](#)

Begin »



Submitter

The Submitter is certified by the company or corporation to formally submit the regulatory data to DHS.
The Submitter must be an officer of the corporation (or equivalent) or designated by an Officer of the Corporation, and domiciled in the United States.

First Name: Middle Initial: Last Name:

Organization:

Mailing Address 1:

Mailing Address 2:

City: State: Zip Code:

Phone Number: () - Extension:

E-mail Address:

Is the Submitter a U.S. Citizen? Yes No

Is the Submitter an Officer of the Corporation or designated by an Officer of the Corporation? Yes No

Is the Submitter domiciled in the U.S.? Yes No

Authorizing Person

The Authorizer verifies that the user account request for the Submitter is valid on behalf of the company that owns the facility.

First Name: Middle Initial: Last Name:

Organization:

Mailing Address 1:

Mailing Address 2:

City: State: Zip Code:

Phone Number: () - Extension:

E-mail Address:

Job Title:

Is the Authorizer a U.S. Citizen? Yes No

Is the Authorizer an Officer of the Corporation or designated by an Officer of the Corporation? Yes No

Is the Authorizer domiciled in the U.S.? Yes No

[Continue to Facility Information >>](#)

- Error!**
- Please enter a first name for the Submitter.
 - Please enter a last name for the Submitter.
 - Please enter an Organization for the Submitter.
 - Please enter an address for the Submitter.
 - Please enter a city for the Submitter.
 - Please choose a state for the Submitter.
 - Please enter a zipcode for the Submitter.
 - Please enter a phone number for the Submitter.
 - Please enter an email address for the Submitter.
 - Please enter citizenship for the Submitter.
 - Please indicate whether or not the Submitter is an Officer or designated by an Officer of the Corporation.
 - Please indicate whether or not the Submitter is domiciled in the U.S.
 - Please enter a first name for the Authorizer.
 - Please enter a last name for the Authorizer.
 - Please enter an Organization for the Authorizer.
 - Please enter an address for the Authorizer.
 - Please enter a city for the Authorizer.
 - Please choose a state for the Authorizer.
 - Please enter a zipcode for the Authorizer.
 - Please enter a phone number for the Authorizer.
 - Please enter an email address for the Submitter.
 - Please enter a job title for the Authorizer.
 - Please enter citizenship for the Authorizer.
 - Please indicate whether or not the Authorizer is an Officer or designated by an Officer of the Corporation.
 - Please indicate whether or not the Authorizer is domiciled in the U.S.

Submitter

The Submitter is certified by the company or corporation to formally submit the regulatory data to DHS.
The Submitter must be an officer of the corporation (or equivalent) or designated by an Officer of the Corporation, and domiciled in the United States.

First Name: Middle Initial: Last Name:

Organization:

Mailing Address 1:

Mailing Address 2:

City: State: Zip Code:

Phone Number: () - Extension:

E-mail Address:

- Is the Submitter a U.S. Citizen? Yes No
- Is the Submitter an Officer of the Corporation or designated by an Officer of the Corporation? Yes No
- Is the Submitter domiciled in the U.S.? Yes No

Authorizing Person

The Authorizer verifies that the user account request for the Submitter is valid on behalf of the company that owns the facility.

First Name: Middle Initial: Last Name:

Organization:

Mailing Address 1:

Mailing Address 2:

City: State: Zip Code:

Phone Number: () - Extension:

E-mail Address:

Job Title:

- Is the Authorizer a U.S. Citizen? Yes No
- Is the Authorizer an Officer of the Corporation or designated by an Officer of the Corporation? Yes No
- Is the Authorizer domiciled in the U.S.? Yes No

[Continue to Facility Information >>](#)

Organization Detail for Facility 1

Notification code (if supplied):

Name of Organization:

Facility 1

Name of Facility:

Street Address 1:

Street Address 2:

City: State: Zip Code:

County:

Latitude: 

Longitude: 

Additional non-street location information:

Preparer for Facility 1

The Preparer is authorized to enter data into the CSAT on-line screening tool but is not authorized to formally submit the data on the company's behalf. This person is a qualified individual familiar with the facility in question.

Is the Preparer for this facility the same as the Submitter? Yes No

First Name: Middle Initial: Last Name:

Mailing Address 1:

Mailing Address 2:

City: State: Zip Code:

Phone Number: () - Extension:

E-mail Address:

Is the Preparer for this Facility a U.S. Citizen? Yes No

Please use the button below to download the Acrobat PDF document.

Adobe Reader is required to view this document. Adobe Reader can be downloaded for free from
<http://www.adobe.com/products/acrobat/readstep2.html>.

All individuals listed on the printed document must sign and date the form. The completed form must be sent via fax to 866-731-2728 or mail to Chemical Security Compliance Division, ATTN: CSAT User Registration, Department of Homeland Security, Building 5300, MS 6282, P.O. Box 2008, Oak Ridge, TN 37831-6282

Download PDF Form

This process will grant read-only access to this survey to the individual specified as a Reviewer by one of the following methods:

Existing User

Choose this option if the person to whom you wish to grant Reviewer access to already has a CSAT account. This method will automatically give the specified Reviewer access to this survey.

Grant Access to Existing CSAT User

New User

Choose this option if the person to whom you wish to grant Reviewer access to does not have a CSAT account. This method will generate a CSAT user account for this person and email the username and password to him/her.

Grant Access to New CSAT User

Add Reviewer Access

Enter the username and phone number of the existing CSAT user to whom you wish to grant Reviewer rights.

Username

Phone Number: () -

Error!
● The username is not valid.

Add Reviewer Access

Enter the username and phone number of the existing CSAT user to whom you wish to grant Reviewer rights.

Username

Phone Number: () -



New User Information

Please enter the following information about the person the account is being created for:

First Name: Middle Initial: Last Name:

Organization:

Mailing Address 1:

Mailing Address 2:

City: State: ZIP Code:

Phone Number: () - Extension:

E-mail Address:

Is the person a U.S. Citizen? Yes No

Is the person domiciled in the U.S.? Yes No

**Error!**

- Please enter a first name.
- Please enter a last name.
- Please enter an Organization.
- Please enter an address.
- Please enter a city.
- Please indicate whether or not the person is domiciled in the U.S.
- Please enter a zipcode.
- Error
- Please enter an email address.
- Please enter citizenship.
- Please indicate whether or not the person is domiciled in the U.S.
- No entries for the current user were found.

New User Information

Please enter the following information about the person the account is being created for:

First Name: Middle Initial: Last Name:

Organization:

Mailing Address 1:

Mailing Address 2:

City: State: ZIP Code:

Phone Number: () - Extension:

E-mail Address:

Is the person a U.S. Citizen? Yes No

Is the person domiciled in the U.S.? Yes No

Complete