

Chemical Security Assessment Tool (CSAT) User Registration

Submitter 🥝

	ration to formally submit the regulatory data to DHS. (or equivalent) or designated by an Officer of the Corporation, and domiciled ir	
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? \bigcirc Yes \bigcirc No		
Is the Submitter domiciled in the U.S.?	◯ Yes ◯ No	
Authorizing Person 🙆		
The Authorizer verifies that the user account reque	st for the Submitter is valid on behalf of the company that owns the facility.	
Is the Authorizer the same as the Submitter?	Yes No	
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 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 »	I