## Chemical Security Assessment Tool (CSAT) Registration Form



Chemical Security Assessment Tool (CSAT) User Registration

Organization Detail for Facility 1 👰	
Notification code (if supplied):	
Name of Organization:	
Facility 1 🞯	
Name of Facility:	
Street Address 1:	
Street Address 2:	
City:	
County:	
State:	ZIP Code:
Sidle.	ZIP Code:
Latitude/Longitude Instructions:	
	ore "Available Image" links. Click on the most recent. ed to verify that your site is at the approximate latitude/longitude shown.
<ol> <li>TerraServer will present one or mo</li> <li>View the image that will be displayed</li> </ol>	ore "Available Image" links. Click on the most recent. ed to verify that your site is at the approximate latitude/longitude shown. rom TerraServer into the boxes below.
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<ul> <li>2. TerraServer will present one or mo</li> <li>3. View the image that will be displayed</li> <li>4. Copy the Latitude and Longitude fri</li> <li>5. Click here to verify your coordinate</li> <li>If you have trouble with this procedure,</li> <li>Latitude:</li> <li>Longitude:</li> <li>Additional non-street location information:</li> </ul> Preparer for Facility 1 <sup>O</sup> The Preparer is authorized to enter data into the O the data on the company's behalf. This person is a strength of the data on the company's behalf. This person is a strength of the data on the company's behalf. This person is a strength of the data on the company's behalf. This person is a strength of the data on the company's behalf. This person is a strength of the data on the company's behalf. This person is a strength of the data on the company's behalf. This person is a strength of the data on the company's behalf. This person is a strength of the data on the company's behalf. This person is a strength of the data on the company's behalf. This person is a strength of the data on the company's behalf. This person is a strength of the data on the company's behalf. This person is a strength of the data on the company's behalf.	CSAT on-line screening tool but is not authorized to formally submit a qualified individual familiar with the facility in question.
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2/26/2008

City:		
State:		ZIP Code:
Phone Number: (	)	Extension:
E-mail Address:		
he Preparer for this Facility a U.S. Citizen	? Yes No	
he Preparer for this Facility domiciled in the	he U.S.? Yes No	
	Add Another Facility	Complete