OMB Control Number 1670-0007
Expiration Date: 12/31/2007

You have successfully completed CVI Authorized User training. Please submit a copy of this page to the Chemical Security Help Desk using the button provided on this page. Print a copy for your records.

**Authority:** Section 550 of Public Law 109-295 authorizes the collection of this information
**Purpose:** DHS will use this information to grant access to the Chemical-Terrorism Vulnerability Information (CVI).
**Routine Uses:** DHS may share this information with the organization that the individual represents in order to verify employment and authorization to represent the company.
**Disclosure:** Furnishing this information is voluntary; however failure to provide this information may prevent the individual from being authorized for CVI access.

## CVI Authorized User Information

(All fields are required unless otherwise noted.)

**First Name:** _____ ***Middle Initial:** _____

**Last Name:** _____

**Organization:** _____

**Organization Type:** _____

**Business Address:** _____

**City:** _____ **State:** _____ **Zip Code:** _____

**Telephone:** _____ **E-mail:** _____

**Describe Official Duties:** _____

**Direct Supervisor's Name:** _____

**Supervisor's Telephone Number:** _____

☐ *Please check this box if you are a contractor. Identify below the government agency you support.

***Government Agency:** _____ * Optional

Submit by Email | Print

If you are unable to send this information by e-mail. Please print a copy and fax to the Chemical Security Help Desk at 866-731-2728.