

Provide a password-protected “*.pdf” file image of your photo identification (front and back) by email to: GRaDER.Comments@hq.dhs.gov. Contact the DNDO system administrator separately (same email address) with the password to your “*.pdf” file(s).

Stakeholder Type/Organization Name:

Provide all that apply

Federal Agency: _____

State Agency: _____

Territorial Agency: _____

Tribal Agency: _____

Manufacturer: _____ D-U-N-S Number _____

Laboratory: _____

Organization Address:

Include at least one individual in each of the categories listed below that will verify employment status, need to access HSIN, and need to access GRaDER Program information.

a. Work Supervisor’s Name, Title, Work Phone, Fax Number, Email Address, and Business Mailing Address:

b. Federal Sponsor’s Name, Title, Work Phone, Fax Number, Email Address, and Organizational Mailing Address:

c. References: Include Name, Title, Work or Home Phone, Fax Number, Email Address, Mailing Address, and relationship to you and your work. Do not include relatives or in-laws.

Applicant’s Rationale: Explain your stakeholder relationship and interest in the GRaDER Program. How will you use the information and how will you share the information?

Certify by signature “The information provided herein is complete and accurate to the best of my knowledge.”

Prepare, sign and submit the “GRaDERSM Program HSIN Website Access Agreement” by email to: GRaDER.Comments@hq.dhs.gov.