

Tripwire user registration screens

IPwire
Resource for Incident Prevention

REGISTRATION

Privacy Act Statement:
OMB Control Number: 1670-0028
Expiration Date: 11/30/2015
Authority: 5 U.S.C. § 301, 44 U.S.C. § 3101 and 44 U.S.C. § 3534 authorizes the collection of this information.
Purpose: DHS will use this information to grant user access to the Technical Resource for Incident Prevention (TRIPwire) Portal and, if elected by the user, to disclose the user's contact information via the TRIPwire Member Directory.
Routine Uses: The information collected may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using the information, as necessary and authorized by the routine uses published in DHS/ALL-004 - General Information Technology Access Account Records System (GITAARS) November 27, 2012, 77 Fed. Reg. 70,792 and DHS/ALL-002 - Department of Homeland Security (DHS) Mailing and Other Lists System of Records November 25, 2008, 73 Fed. Reg. 71,659.
Disclosure: Furnishing this information is voluntary; however, failure to furnish the requested information may prevent your user access from being granted or your information from being displayed in the member directory.
Paperwork Burden Notice: The public reporting burden for this form is estimated to be 10 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. Your response is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to Department of Homeland Security, IP/PSCD, Mail Stop 8540, 245 Murray Lane SW, Washington, DC 20528-8540. ATTN: PRA (1670-XXXX). NOTE: DO NOT send your completed form to this address.

TRIPwire Fact Sheet



[Click here to view](#)

* Denotes a required field

Title (Mr., Ms., Capt., etc.): First name*: Middle initial: Last name*:

Current Assignment*: Citizenship *:

Please Select Please Select

Area(s) of Expertise*:

Arson
Academic - Biology
Academic - Chemistry/Chemical Engineering
Academic - Civil Engineering
Academic - Electrical Engineering

Certifications:

Employment Information

Job Title*:

Employer Name*:

Professional Street Address*:

City*:

State/Province/Region*:

TRIPwire - Windows Internet Explorer

https://tripwire.dhs.gov/IED/appmanager/IEDPortal/IEDDesktop?sessionid=YpcSPGqCQLcbl1jhlHlgsz8Zbrd1StvcZG2qn5fcoQ127dW5Rl-434263562?_nfpb=true&_pageLabel=USER_REGISTRATION&userA...

Employer Name*:

Professional Street Address*:

City*:

State/Province/Region*: Please Select

Zip/Postal Code*:

Country*: United States

Professional Phone Number*:

Alternate Phone Number:

Professional Fax Number:

Professional E-mail Address*:

Alternate E-mail Address:

☐ Yes, I would like to be included in the online Member Directory and the secure mail address book.

Employment Verification Information:
Please provide the name, title, email address, and phone number for a contact (i.e. a commanding or supervising officer) who can confirm your status as a part of the bombing prevention community and need for the information contained in TRIPwire.

Employment Verification Contact*:

Employment Verification Contact Title*:

Employment Verification Contact E-mail Address*:

Employment Verification Contact Phone Number*:

Please explain your eligibility for requesting access to TRIPwire*:

Please tell us how you found out about TRIPwire:

Internet | Protected Mode: On 100%