



# New Jersey Department of Environmental Protection Toxic Catastrophe Prevention Act (TCPA) Program



## TCPA FACILITY SECURITY ADMINISTRATOR (FSA) REQUEST FORM

Prior to submission of this form you must create a User Profile for the NJDEPOnline Portal at [www.njdeponline.com](http://www.njdeponline.com). Please specify the User ID below.

The TCPA FSA is a designated employee of the facility who is responsible to manage the security of the facility's Risk Management Plan (RMP). The facility can have only one TCPA FSA. The RMP is accessed through the Department's online application, eNJRMP. The TCPA FSA controls access for other personnel to the facility's RMP and eNJRMP using the Department's NJDEPOnline application; the TCPA FSA grants and revokes access to eNJRMP. The Department recommends that the TCPA FSA be a member of the facility's management who has the technical ability to work with the NJDEPOnline and eNJRMP applications, an understanding of the contents of the RMP, and authority to grant and revoke access to eNJRMP for other designated personnel. The RMP includes offsite consequence analysis data that is critical for Homeland Security, and the TCPA FSA plays a crucial role in maintaining the security of the RMP.

### Section A: Facility Information

Facility Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: New Jersey Zip: \_\_\_\_\_  
TCPA ID#: \_\_\_\_\_  
Reason for FSA Request (check one):  
Initial TCPA FSA Request  
Change in TCPA FSA. Reason for change: \_\_\_\_\_

### Section B: Facility Administrator Information and Certification (Note: You must be an employee of the above facility.)

Name of Person Requesting FSA Rights: \_\_\_\_\_ Title: \_\_\_\_\_  
Email address: \_\_\_\_\_ aaaaaaaaaaaaaaaaaaaaaa Phone: \_\_\_\_\_  
User ID (previously specified in NJDEPOnline User Profile): \_\_\_\_\_

"I certify under penalty of law that I believe the information provided in this document is true, accurate, and complete. I am authorized to have access to Risk Management Plan (RMP) information for this facility, and I have authority on behalf of the facility's management to grant and revoke access for other personnel to the RMP information through the Department of Environmental Protection's online application, eNJRMP. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: Attn: NJDEPOnline TCPA Facility Security Administrator  
NJDEP – Bureau of Release Prevention  
Mail Code 22-03D  
PO Box 420  
Trenton, NJ 08625-0420

**Do Not Write Below This Line – For DEP Use Only**

Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_  
Name Title  
Approved \_\_\_ Rejected \_\_\_ Reason, if rejected: \_\_\_\_\_  
Date Forwarded to OIRM: \_\_\_\_\_  
OIRM Staff Processing form: \_\_\_\_\_ Date: \_\_\_\_\_