



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. 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: _____ aaaaaaaaaaaaaaaaaaaaaaaaaa Phone: _____

User ID (NJDEPOnline Login ID): _____

"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

Please Submit via Email to:
tcpa@dep.nj.gov
(Include "TCPA FSA Form" in the email subject line)

OR

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: _____