



## SECURITY VULNERABILITY ASSESSMENT (SVA) REQUEST FORM

*Use this form to request Security Vulnerability Assessments (SVA) of infrastructure you own or operate. By clicking "Submit" at the bottom of the page, this form will be sent to the Critical Infrastructure Protection (CIP) team at State of Alaska, Division of Homeland Security & Emergency Management (DHS&EM). A team member will contact you to coordinate site visit(s).*

### **SVA Requestor Contact Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Jurisdiction level to receive SVA: State \_\_\_\_\_ Local \_\_\_\_\_ Both \_\_\_\_\_ Regional \_\_\_\_\_

Desired delivery dates/timeline: \_\_\_\_\_

Anticipated number of SVA asset participants: \_\_\_\_\_

Name and address of site(s): (example: Skagway Medical Clinic, 130 River St., Skagway, AK 99840)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

### To be filled out by DHS&EM CIP team

Request is consistent with the Security Vulnerability Assessments goals, projected needs, and priorities addressed in the statewide strategy.

Yes \_\_\_\_\_ No \_\_\_\_\_ If "no," please attach an explanation or strategy update justifying this need for vulnerability assessment or redefining goals, objectives, and priorities.

\_\_\_\_\_

\_\_\_\_\_

CIP Team Member

\_\_\_\_\_

Date

\_\_\_\_\_

SVA Authorized Signature

\_\_\_\_\_

Date