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