

U.S. Department of Homeland Security U.S. Coast Guard CGHQ-6050 Rev. (07-04)		Privacy Impact Assessment Contact Information	
Name of the System			
Signature of Assessor <i>(i.e., System Owner, Operator, Developer, or Other)</i>		Date	
Print Name		Title/Position	
Signature of Program Manager <i>(if not Assessor)</i>		Date	
Print Name		Title/Position	
Agency and Office/Department			
Street Address			
City, State and Zip Code			
Phone Number	Fax Number	E-mail Address	

Please Return Completed Form To CG-611, Room 6106

FOR COMMANDANT, CG-611 USE ONLY

Reviewed By	Date	Approved By	Date
Comments			