

U.S. Department of Commerce
[Bureau Name]



Privacy Threshold Analysis
for the
[Name of Information Collection or Form]

Privacy Threshold Analysis (PTA)

Specialized Template for Information Collections (IC) and Forms

The Forms-PTA is a specialized template for Information Collections and Forms. This specialized PTA must accompany all Information Collections submitted as part of the Paperwork Reduction Act process (any instrument for collection (form, survey, questionnaire, etc.) from ten or more members of the public). Bureaus/operating units may use this PTA to assess internal, component-specific forms as well.

Form Number:	Click here to enter text.		
Form Title:	Click here to enter text.		
Bureau/Operating Unit:	Click here to enter text.	Office:	Click here to enter text.

IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title:	Click here to enter text.		
OMB Control Number:	Click here to enter text.	OMB Expiration Date:	Click here to enter a date.
Collection status:	Choose an item.	Date of last PTA (if applicable):	Click here to enter a date.

PROJECT OR PROGRAM MANAGER

Name:	Click here to enter text.		
Office:	Click here to enter text.	Title:	Click here to enter text.
Phone:	Click here to enter text.	Email:	Click here to enter text.

BUREAU/OPERATING UNIT INFORMATION COLLECTION/FORMS CONTACT

Name:	Click here to enter text.		
Office:	Click here to enter text.	Title:	Click here to enter text.
Phone:	Click here to enter text.	Email:	Click here to enter text.

SPECIFIC IC/Forms PTA QUESTIONS

1. Purpose of the Information Collection or Form	
<p>a. Describe the purpose of the information collection or form. <i>Please provide a general description of the project and its purpose, including how it supports the DOC mission, in a way a non-technical person could understand (you may use information from the Supporting Statement).</i></p> <p><i>If this is an updated PTA, please specifically describe what changes or upgrades are triggering the update to this PTA.</i></p>	
Click here to enter text.	
<p>b. List the DOC (or bureau/operating unit) authorities to collect, store, and use this information. <i>If this information will be stored and used by a specific DOC bureau/operating unit, list the bureau/operating unit-specific authorities.</i></p>	
Click here to enter text.	

2. Describe the IC/Form	
a. Does this form collect any Personally Identifiable Information” (PII ¹)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. From which type(s) of individuals does this form collect information? (<i>Check all that apply.</i>)	<input type="checkbox"/> Members of the public <ul style="list-style-type: none"> <input type="checkbox"/> U.S. citizens or lawful permanent residents <input type="checkbox"/> Non-U.S. Persons. <input type="checkbox"/> DOC Employees <input type="checkbox"/> DOC Contractors <input type="checkbox"/> Other federal employees or contractors.
c. Who will complete and submit this form? (<i>Check all that apply.</i>)	<input type="checkbox"/> The record subject of the form (e.g., the individual applicant). <input type="checkbox"/> Legal Representative (preparer, attorney, etc.). <input type="checkbox"/> Business entity. <ul style="list-style-type: none"> If a business entity, is the only information collected business contact information? <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Law enforcement.

¹ Personally identifiable information means any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.

	<input type="checkbox"/> DOC employee or contractor. <input type="checkbox"/> Other individual/entity/organization that is NOT the record subject. <i>Please describe.</i> Click here to enter text.		
d. How do individuals complete the form? <i>Check all that apply.</i>	<input type="checkbox"/> Paper. <input type="checkbox"/> Electronic. (ex: fillable PDF) <input type="checkbox"/> Online web form. (available and submitted via the internet) <i>Provide link:</i>		
e. What information will DOC collect on the form? <i>List all PII data elements on the form. If the form will collect information from more than one type of individual, please break down list of data elements collected by type of individual.</i> Click here to enter text.			
f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? <i>Check all that apply.</i>			
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Social Security number <input type="checkbox"/> Alien Number (A-Number) <input type="checkbox"/> Tax Identification Number <input type="checkbox"/> Visa Number <input type="checkbox"/> Passport Number <input type="checkbox"/> Bank Account, Credit Card, or other financial account number <input type="checkbox"/> Other. <i>Please list:</i> </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Social Media Handle/ID <input type="checkbox"/> Known Traveler Number <input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.) <input type="checkbox"/> Driver's License Number <input type="checkbox"/> Biometrics </td> </tr> </table>		<input type="checkbox"/> Social Security number <input type="checkbox"/> Alien Number (A-Number) <input type="checkbox"/> Tax Identification Number <input type="checkbox"/> Visa Number <input type="checkbox"/> Passport Number <input type="checkbox"/> Bank Account, Credit Card, or other financial account number <input type="checkbox"/> Other. <i>Please list:</i>	<input type="checkbox"/> Social Media Handle/ID <input type="checkbox"/> Known Traveler Number <input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.) <input type="checkbox"/> Driver's License Number <input type="checkbox"/> Biometrics
<input type="checkbox"/> Social Security number <input type="checkbox"/> Alien Number (A-Number) <input type="checkbox"/> Tax Identification Number <input type="checkbox"/> Visa Number <input type="checkbox"/> Passport Number <input type="checkbox"/> Bank Account, Credit Card, or other financial account number <input type="checkbox"/> Other. <i>Please list:</i>	<input type="checkbox"/> Social Media Handle/ID <input type="checkbox"/> Known Traveler Number <input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.) <input type="checkbox"/> Driver's License Number <input type="checkbox"/> Biometrics		
g. List the <i>specific authority</i> to collect SSN or these other SPII elements. Click here to enter text.			
h. How will this information be used? What is the purpose of the collection? Describe <i>why</i> this collection of SPII is the minimum amount of information necessary to accomplish the purpose of the program. Click here to enter text.			
i. Are individuals provided notice at the time of collection by DOC (<i>Does the records subject have</i>	<input type="checkbox"/> Yes. Please describe how notice is provided. Click here to enter text. <input type="checkbox"/> No.		

<i>notice of the collection or is form filled out by third party)?</i>	
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3. How will DOC store the IC/form responses?	
a. How will DOC store the original, completed IC/forms?	<input type="checkbox"/> Paper. Please describe. Click here to enter text. <input type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form. Click here to enter text. <input type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. Click here to enter text.
b. If electronic, how does DOC input the responses into the IT system?	<input type="checkbox"/> Manually (data elements manually entered). Please describe. Click here to enter text. <input type="checkbox"/> Automatically. Please describe. Click here to enter text.
c. How would a user search the information submitted on the forms, <i>i.e.</i> , how is the information retrieved?	<input type="checkbox"/> By a unique identifier. ² <i>Please describe.</i> If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA. Click here to enter text. <input type="checkbox"/> By a non-personal identifier. <i>Please describe.</i> Click here to enter text.
d. What is the records retention schedule(s)? <i>Include the records schedule number.</i>	Click here to enter text.
e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?	Click here to enter text.
f. Is any of this information shared outside of the original program/office? <i>If yes, describe where (other offices or DOC bureaus/operating units or external entities) and why. What are the authorities of the receiving party?</i>	

² Generally, a unique identifier is considered any type of “personally identifiable information,” meaning any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.

Yes, information is shared with other DOC bureaus/operating units. Please describe.

[Click here to enter text.](#)

Yes, information is shared *external* to DOC with other federal agencies, state/local partners, international partners, or non-governmental entities. Please describe.

[Click here to enter text.](#)

No. Information on this form is not shared outside of the collecting office.



Please include a copy of the referenced form and Privacy Act Statement (if applicable) with this PTA upon submission.

PRIVACY THRESHOLD REVIEW**(TO BE COMPLETED BY BUREAU CHIEF PRIVACY OFFICER (BCPO))**

Bureau Chief Privacy Officer:	Click here to enter text.
Date submitted to BCPO:	Click here to enter a date.
Has the bureau/operating unit Privacy Act Officer reviewed the Privacy Act Statement for this form and confirmed that it is compliant with Section (e)(3) of the Privacy Act?	<input type="checkbox"/> Yes. Please include confirmation with this PTA submission. <input type="checkbox"/> No. Please describe why not. Click here to enter text.
BCPO Recommendation: <i>Please include recommendation below, including what existing privacy compliance documentation is available or new privacy compliance documentation is needed.</i>	
Click here to enter text.	

PRIVACY THRESHOLD ADJUDICATION**(TO BE COMPLETED BY THE DOC PRIVACY OFFICE)**

DOC Privacy Office Reviewer:	Click here to enter text.
Date approved by DOC Privacy Office:	Click here to enter a date.
PTA Expiration Date	Click here to enter a date.

DESIGNATION

Privacy Sensitive IC or Form:	Choose an item. If “no” PTA adjudication is complete.
Determination:	<input type="checkbox"/> PTA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. <input type="checkbox"/> New information sharing arrangement is required. <input type="checkbox"/> DOC Policy for Computer-Readable Extracts Containing SPII applies. <input type="checkbox"/> Privacy Act Statement required. <input type="checkbox"/> Privacy Impact Assessment (PIA) required. <input type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Specialized training required. <input type="checkbox"/> Other. Click here to enter text.
DOC IC/Forms Review:	
Date IC/Form Approved:	Click here to enter a date.
Privacy Act Statement:	Choose an item. Click here to enter text.
PTA:	Choose an item. Click here to enter text.
PIA:	Choose an item. If covered by existing PIA, please list: Click here to enter text. If a PIA update is required, please list: Click here to enter text.
SORN:	Choose an item. If covered by existing SORN, please list: Click here to enter text. If a SORN update is required, please list: Click here to enter text.
DOC Privacy Office Comments:	
<i>Please describe rationale for privacy compliance determination above.</i>	
Click here to enter text.	