

PRIVACY IMPACT ASSESSMENT (PIA)

ANNUAL REVIEW CERTIFICATION FORM

(Last SAOP approved PIA with updated signatures must accompany this form)

Name of PIA: _____

FISMA Name/ID (if different): _____

Name of IT System/ Program Owner: _____

Name of Information System Security Officer: _____

Name of Authorizing Official(s): _____

Date of Last PIA Compliance Review Board (CRB): _____
(This date must be within three (3) years.)

Date of PIA Review: _____

Name of Reviewer: _____

REVIEWER CERTIFICATION - I certify that on the PIA Review date identified above, I have reviewed the IT system/program and have confirmed that there have been no changes to the system/program which require revising the last SAOP approved version of the PIA which is currently posted on the Commerce website at commerce.doc.gov/privacy.

Signature of Reviewer: _____

Date of Privacy Act (PA) Review: _____

Name of Reviewer: _____

REVIEWER CERTIFICATION - I certify that on the Privacy Act Review date identified above, I have reviewed all Privacy Act related issues cited in this PIA, such as, the legal authorities, SORNs, privacy act statements, etc. and have confirmed that there have been no changes to the system/program which require revising the last SAOP approved version of the PIA which is currently posted on the Commerce website at commerce.doc.gov/privacy.

Signature of Reviewer: _____

Date of BCPO Review: _____

Name of the Reviewing Bureau Chief Privacy Officer (BCPO): _____

BCPO CERTIFICATION - I certify that on the BCPO Review date identified above, I have reviewed the security and privacy risks presented by the collection, processing, storage, maintenance, and/or dissemination of business or personally identifiable information (B/PII) on this system/ program in the context of the current threat environment, along with any open Plans of Action and Milestones (POA&Ms) and have confirmed that there has been no increase in privacy risks since the date that the PIA was last approved by the DOC SAOP.

Signature of the Bureau Chief Privacy Officer: _____