

Threat Vulnerability Assessment (TVA) Request Form

Return form to: cikr@azdps.gov

Date of Request:		
Name of Facility:		
Facility Address:		
Street:		Primary Contact #:
City:		
Zip Code:		
County:		

Owner of the facility:
Facility Description:

Example: The Name of (Facility/Asset) is a major chemical distributing hub for the Western United States. It is located on five acres and has three (3) buildings on-site with approximately 375 employees.

The (Name of School) is a K-6th grade with approximately 800 students and 40 staff members. The school campus is on three (3) acres and has five (5) individual buildings.

Schools Only:

District:	Grade Level(s):
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Points of Contact: *(Please list no more than three (3) contacts)*

Name:	Primary Contact #:	Alternant Contact #:
e-mail:		
Name:	Primary Contact #:	Alternant Contact #:
e-mail:		
Name:	Primary Contact #:	Alternant Contact #:
e-mail:		

Threat Liaison Officer (TLO) or First Responder *(assigned or threat working group)*

Name:	Agency:	Primary Contact:	e-mail:
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OFFICIAL USE ONLY

Date Received:			
Date Set-up completed:			
Assigned to:	Agency:	Contact #:	
Notes:			