



SLEIS User Application

Air Quality Improvement Planning
 Attention: Adam Ross
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 Phone: (602) 771-2373
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SECTION I: Plant Identification & Mailing Information

Company Name			
Facility Name			
Mailing Address			
City		County	
State		ZIP	
Phone		Fax	
Place ID#		Permit #	

SECTION II: SLEIS Users

Fill out for each person you wish to add as a user to your SLEIS account. An email address is **required** for each user account. Also, you will need to assign each user at least one role: viewer or editor. In addition to these you can also assign the roles of Administrator or Submitter.

Be sure to have a responsible official sign and date on Page 2.

Name		
Title		
Phone		
E-Mail		
Role (Check one)	<input type="checkbox"/>	Viewer - View-only access to SLEIS. Cannot change or edit data.
	<input type="checkbox"/>	Editor - Can change and edit data within SLEIS emissions reports
Additional Roles (optional)	<input type="checkbox"/>	Administrator - Can edit and delete user profiles
	<input type="checkbox"/>	Submitter - Must be a Responsible Official at facility. See Section III.

Name		
Title		
Phone		
E-Mail		
Role (Check one)	<input type="checkbox"/>	Viewer - <i>View-only access to SLEIS. Cannot change or edit data.</i>
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	<input type="checkbox"/>	Editor - <i>Can change and edit data within SLEIS emissions reports</i>
Additional Roles (optional)	<input type="checkbox"/>	Administrator - <i>Can edit and delete user profiles</i>
	<input type="checkbox"/>	Submitter - <i>Must be a Responsible Official at facility. See Section III.</i>

The signature of a responsible official is needed to create new SLEIS accounts. SECTION III is needed only if you wish to have the role of 'Submitter'.

SIGNATURE OF RESPONSIBLE OFFICIAL		DATE	
NAME (PRINT)			

SECTION III: *Electronic Reporting Signatory Application*

Note: This section is **only** required for users who wish to have the role of 'Submitter' for their facility. Please mail in a hard copy of all notarized forms.

Responsible Official Name			
Title			
Phone		Fax	
Email			

I, the undersigned, agree to protect the electronic reporting signature credentials from compromise. I further agree to report any evidence that the credentials have been compromised as soon as possible. I understand that a signature executed with the credentials has the same legal force as a handwritten signature.

SIGNATURE OF RESPONSIBLE OFFICIAL		DATE	
NAME (PRINT)			

For each signatory:

State of _____ County of _____

On the _____ day of _____, in the year _____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted executed the instrument.

Notary Public