



# Application for SLEIS Users

Air Quality Compliance Section  
 1110 West Washington Street  
 Phoenix, AZ 85007  
 Phone: (602) 771-7662

## SECTION I: *Plant Identification & Mailing Information*

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

## SECTION II: Method of Emissions Report Submittal (Indicate preferred method of submittal)

Direct Data Entry from Website	
Data File Import from Website	
Print Copy of Final Report and submit Hard Copy	

**SECTION III: SLEIS Users**

Name:	
Title:	
Mailing Address:	
City:	State: ZIP:
Phone: (Area Code + Number)	
E-Mail:	
Roles Requested: (Choose one)	<input type="checkbox"/> Viewer <input type="checkbox"/> Editor <input type="checkbox"/> Administrator <input type="checkbox"/> Submitter (Responsible Official) <sup>1</sup>

**SLEIS User**

Name:	
Title:	Place ID:
Mailing Address:	
City:	State: ZIP:
Phone: (Area Code + Number)	
E-Mail:	
Roles Requested: (Choose one)	<input type="checkbox"/> Viewer <input type="checkbox"/> Editor <input type="checkbox"/> Administrator <input type="checkbox"/> Submitter (Responsible Official)

<sup>1</sup> A separate Electronic Reporting Signatory Application is required for each submitter (responsible official)  
SLEIS User

Name:	
Title:	Place ID:
Mailing Address:	
City:	State: ZIP:
Phone: (Area Code + Number)	
E-Mail:	
Roles Requested: (Choose one)	<input type="checkbox"/> Viewer <input type="checkbox"/> Editor <input type="checkbox"/> Administrator <input type="checkbox"/> Submitter (Responsible Official)

**SLEIS User**

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**SLEIS User**

Name:	
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