Responsible Official for SLEIS

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

SECTION I: ***Plant Identification & Facility Location***

Company Name:		
Facility Name:	Place ID:	
Facility Location:		
City:	State:	ZIP:
County:		
Phone:	Fax:	
Permit #:		

SECTION II: Responsible Official

Responsible Official Name:	Title:
Phone: (Area Code + Number)	Fax:
E-mail Address:	

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:

SECTION IIII: Acknowledgment

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