



Iowa DNR - Air Quality Bureau State & Local Emission Inventory System (SLEIS) Electronic Subscriber Agreement Form



SLEIS Registration

First Name _____ Last Name _____
 Facility Name _____ Title _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Phone Number _____ E-Mail Address _____

SLEIS Access Request

By completing the following information, you are requesting the Iowa DNR to create a **Facility Signatory** (Responsible Official) account for you. **NOTE: Only facility employees may be designated as Facility Signatories (Responsible Officials).**

Check the appropriate boxes:

The person identified in this form is the Responsible Official (Signatory) for:

- Minor Source Emissions Inventories Title V Emission Inventories

The person identified in this form is:

- An additional Responsible Official or Signatory
 A replacement for _____
 (name of Responsible Official or Signatory)

List the facilities for which you wish to be designated as the Signatory or Responsible Official.
[\(Link to add another Facility\)](#)

Facility Name: _____ Facility Plant Number _____
Format: 00-00-000
 Street Address: _____
 City _____ State _____ Zip Code _____

SLEIS E-Signature Agreement and Certification

1. I agree:

- a. That for Title V purposes, I am a responsible official as defined by 567 IAC 22.100.
- b. To protect my unique electronic signature device (SLEIS account ID, SLEIS password, and knowledge-based questions) from compromise and from use by anyone except me.
- c. To maintain the secrecy of my electronic signature device, i.e. I will not divulge or delegate my SLEIS account ID, SLEIS password, or my answers to the knowledge-based questions included in my Signatory Identity Baseline to any other individual. Furthermore, I will not store these in an unprotected location and will not allow them to be written into computer scripts to achieve automated log-in.
- d. To contact the SLEIS Administrator within one business day from suspecting or determining that my SLEIS account ID, SLEIS password, and/or my answers to the knowledge-based d questions included in my Signatory Identity Baseline have become lost, stolen, or otherwise compromised.
- e. That **prior** to submission, I will review the contents of the electronic document for which I am the signatory.
- f. To review, in a timely manner, each e-mail receipt from DNR for all electronic submittals for which I am the signatory. In addition to the date and time of submittal, each e-mail should identify the document submitted and the submitter.



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- g. To contact the SLEIS Administrator if I do not receive an e-mail receipt as specified above within five (5) business of my submission.
- h. To contact the SLEIS Administrator if I find any evidence of discrepancy between documents submitted and those received by SLEIS.
- i. That if I cease to be a signatory for the requested facility or facilities, I will notify the SLEIS Administrator within five (5) business days from the time I know of this change in my duties.
- j. To retain a copy of this signed agreement as long as I am a signatory for the requested facility or facilities.

2. I understand:

- a. That the DNR will contact my company to verify my identity and signing authority.
- b. That signing this agreement allows me to use the Iowa DNR SLEIS program to submit electronic documents in lieu of paper submissions to the Iowa DNR's Air Quality Bureau.
- c. That **after** submission, I will have the opportunity to review the electronic document for which I am the signatory and that I will be able to repudiate it based on this review.
- d. That I will be legally bound, obligated, and responsible by using my electronic signature device as I would be by using my handwritten signature.
- e. That the Iowa DNR SLEIS program will automatically reject any electronic document attempted to be submitted without a valid electronic signature if such signature is required.

3. I certify:

- a. Under penalty of law that based on the information and belief formed after reasonable inquiry, the statements and information contained in electronic submissions for which I am the signatory are true, accurate, and complete.
- b. That my company has obtained legal entitlement to install and operate the equipment covered by and on the property identified in electronic construction permit applications for which I am the signatory.
- c. That making false statement, representation, or certification of electronic submissions for which I am the signatory may result in civil or criminal penalties.

Sign Here

Responsible Official's Signature:

Date Signed

IMPORTANT – Sign and mail or hand-deliver this completed form to:

Air Quality Bureau
Attn: SLEIS Administrator
502 E 9th St
Des Moines IA 50319





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Additional Facilities (Duplicate this form as needed)

Facility Name: _____ Facility Plant Number _____ **Format: 00-00-000**

Street Address: _____

City _____ State _____ Zip Code _____

Facility Name: _____ Facility Plant Number _____ **Format: 00-00-000**

Street Address: _____

City _____ State _____ Zip Code _____

Facility Name: _____ Facility Plant Number _____ **Format: 00-00-000**

Street Address: _____

City _____ State _____ Zip Code _____

Facility Name: _____ Facility Plant Number _____ **Format: 00-00-000**

Street Address: _____

City _____ State _____ Zip Code _____

Facility Name: _____ Facility Plant Number _____ **Format: 00-00-000**

Street Address: _____

City _____ State _____ Zip Code _____

Facility Name: _____ Facility Plant Number _____ **Format: 00-00-000**

Street Address: _____

City _____ State _____ Zip Code _____

Facility Name: _____ Facility Plant Number _____ **Format: 00-00-000**

Street Address: _____

City _____ State _____ Zip Code _____

Facility Name: _____ Facility Plant Number _____ **Format: 00-00-000**

Street Address: _____

City _____ State _____ Zip Code _____

Facility Name: _____ Facility Plant Number _____ **Format: 00-00-000**

Street Address: _____

City _____ State _____ Zip Code _____

Facility Name: _____ Facility Plant Number _____ **Format: 00-00-000**

Street Address: _____

City _____ State _____ Zip Code _____