



Maine Department of Environmental Protection

Maine Air Inventory Reporting System (MAIRIS)

User Registration and Electronic Signature Agreement

Part 1: Facility Approver Designation and Electronic Signature Agreement

*Instructions: The Facility Approver is the sole person authorized by a facility to certify and submit emissions inventory data through MAIRIS. Each facility may have only one person authorized to do so at one time. The Electronic Signature Agreement authorizes the Facility Approver to electronically certify data without further ink signatures. **This form must be notarized, with signature and the commission expiration date, to be valid.***

I, _____, do hereby affirm on this _____ Day of _____,

Applicant's Name, Typed or Printed

20____ that I understand and agree to the following:

1. I have been designated by the owners of _____,

Legal Company or Facility Name

which has been assigned Air Emissions License Number **A-00** , to be the

Air Emissions License Number

facility's responsible official for the submission of the Annual Air Emissions Inventory for that facility as required by the Air Emissions License and 06-096 CMR Chapter 137.

2. I have read and understand the following certification statement that also appears at the time data is submitted electronically through the MAIRIS system.

I certify, under penalty of Maine statutes 38 MRSA, Section 349(3) and Section 585-C(2)(c), that I am the facility's responsible official and have undertaken due diligence to personally examine and otherwise familiarize myself with the information contained in these forms and underlying input data. I further certify, to the best of my knowledge, that the Annual Air Emissions Inventory is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

3. I agree that affixing an electronic signature to the Annual Air Emissions Inventory using MAIRIS is equivalent to affixing a wet ink signature to the same information as would be submitted on paper to the Department.

4. I understand that allowing another individual to use my electronic signature or any other willful misuse of MAIRIS could lead to revocation of the authorization to use MAIRIS and may result in legal action as noted above.

5. I will immediately report to the DEP MAIRIS Administrator any instance where I believe that my MAIRIS User ID, Password or my MAIRIS electronic signature has been compromised, including, but not limited to, my termination, whether voluntary or involuntary, from the facility.

Signature of Applicant

Applicant Title

E-Mail Address of Applicant

Applicant Telephone Number

Sworn to and subscribed before me, this _____ Day of _____, 20____

Signature of Notary Public

Commission Expiration

This form must be notarized with a signature and the commission end date to be valid.

Is the Facility Approver, designated above, replacing another person so designated at the facility?

Yes No If "Yes", please provide the name of the former Facility Approver: _____

Would you like the Facility Approver, designated above, to be registered as a Facility Editor for the facility?

Yes No Marking "Yes" gives the Facility Approver full data editing capabilities. If not answered, "No" is assumed.

Part 2: Facility Editor Registration

Instructions: A Facility Editor has the ability to input and edit emissions inventory data in MAIRIS. A facility may have more than one Facility Editor at a time. Consultants preparing emissions inventories must be registered as Facility Editors by the facility. All Facility Editors must be approved by the currently registered Facility Approver.

Facility Editor #1 (please type or print)

Applicant Name: _____ Telephone Number: _____

Applicant E-mail Address: _____

I will immediately report to the DEP MAIRIS Administrator any instance where I believe that my MAIRIS User ID or Password has been compromised. I understand that allowing another individual to use my electronic signature or any other willful misuse of MAIRIS could lead to revocation of the authorization to use MAIRIS.

Applicant Signature: _____ Date: _____

Facility Editor #2 (please type or print)

Applicant Name: _____ Telephone Number: _____

Applicant E-mail Address: _____

I will immediately report to the DEP MAIRIS Administrator any instance where I believe that my MAIRIS User ID or Password has been compromised. I understand that allowing another individual to use my electronic signature or any other willful misuse of MAIRIS could lead to revocation of the authorization to use MAIRIS.

Applicant Signature: _____ Date: _____

Facility Editor #3 (please type or print)

Applicant Name: _____ Telephone Number: _____

Applicant E-mail Address: _____

I will immediately report to the DEP MAIRIS Administrator any instance where I believe that my MAIRIS User ID or Password has been compromised. I understand that allowing another individual to use my electronic signature or any other willful misuse of MAIRIS could lead to revocation of the authorization to use MAIRIS.

Applicant Signature: _____ Date: _____

Facility Approver Recommendation: I approve the above listed individual(s) as Facility Editors for

_____ Date _____
Legal Company or Facility Name

_____ Signature _____
Facility Approver's Name, Typed or Printed

DEP Use Only: MAIRIS ID _____ **Permit** _____

| | UserID | Date Issued |
|-----|--------|-------------|
| FA | | |
| FE1 | | |
| FE2 | | |
| FE3 | | |