



**Maine Department of Environmental Protection
Maine Air Inventory Reporting System (MAIRIS)
Facility Editor User 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. All Facility Editors must be approved by the currently registered Facility Approver. Completed forms, with Facility Approver signature, may be faxed to 207-287-7641 or e-mailed to emissionsinventory@maine.gov, provided the ink signature document is received within four (4) business days. Mail ink signature documents to: attn: MAIRIS Administrator, Maine Dept. of Environmental Protection, 17 State House Station, Augusta, ME 04333-0017.

Part 1: Facility Identification

Facility Name: _____
 DEP Air License Number: A-_____ Facility Location (Town): _____
 Name of Facility Approver: _____

Part 2: Facility Editor Registration

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 digital signature or any other willful misuse of MAIRIS could lead to revocation of the authorization to use MAIRIS.

Applicant Signature: _____ Date: _____

Is the Facility Editor, designated above, replacing another person so designated at the facility?
 Yes No If "Yes", please provide the name of the former Facility Editor: _____

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 digital signature or any other willful misuse of MAIRIS could lead to revocation of the authorization to use MAIRIS.

Applicant Signature: _____ Date: _____

Is the Facility Editor, designated above, replacing another person so designated at the facility?
 Yes No If "Yes", please provide the name of the former Facility Editor: _____

Facility Approver Recommendation: I approve the above listed individual(s) as Facility Editor(s) for the facility listed above in Part 1.

 Signature Date

DEP Use only	UserID	Date Issued
FE1		
FE2		