



Maine Department of Environmental Protection Combined Air Emissions Reporting System (CAERS) Facility Preparer User Registration

Instructions: A Facility Preparer has the ability to input and edit emissions inventory data in CAERS. A facility may have more than one Facility Preparer at a time. All Facility Preparers must be approved by the currently registered Facility Certifier. Completed forms, with original ink Facility Certifier signature must be mailed to: Attn: CAERS Administrator, Maine Dept. of Environmental Protection, 17 State House Station, Augusta, ME 04333-0017.

E-mail questions to DEP-EmissionsInventory@maine.gov.

Part 1: Facility Identification

Facility Name: _____

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

Name of Facility Certifier: _____

Part 2: Facility Preparer Registration

Facility Preparer #1 *(please type or print)*

Applicant Name: _____ Telephone Number: _____

Applicant E-mail Address: _____

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

Applicant Signature: _____ Date: _____

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

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

Facility Preparer #2 *(please type or print)*

Applicant Name: _____ Telephone Number: _____

Applicant E-mail Address: _____

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

Applicant Signature: _____ Date: _____

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

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

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

Signature

Date

DEP Use only	UserID	Date Issued
FE1		
FE2		