



Maine Department of Environmental Protection Combined Air Emissions Reporting System (CAERS) User Registration and Electronic Signature Agreement

Part 1: Facility Approver Designation and Electronic Signature Agreement

*Instructions: The Facility Certifier is the sole person authorized by a facility to certify and submit emissions inventory data through CAERS. Each facility may have only one person authorized to do so at one time. The Electronic Signature Agreement authorizes the Facility Certifier 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 CAERS 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 CAERS 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 CAERS could lead to revocation of the authorization to use CAERS and may result in legal action as noted above.
5. I will immediately report to the DEP CAERS Administrator any instance where I believe that my CAERS User ID, Password or my CAERS 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 Certifier, designated above, replacing another person so designated at the facility?
 Yes No If "Yes", please provide the name of the former Facility Certifier: _____

Would you like the Facility Certifier, designated above, to be registered as a Facility Preparer for the facility?
 Yes No Marking "Yes" gives the Facility Certifier full data editing capabilities. If not answered, "No" is assumed.

Part 2: Facility Preparer 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. Consultants preparing emissions inventories must be registered as Facility Preparers by the facility. Facility Preparers must be approved by the currently registered Facility Certifier.

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 electronic signature or any other willful misuse of CAERS could lead to revocation of the authorization to use CAERS.

Applicant Signature: _____ Date: _____

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 electronic signature or any other willful misuse of CEARS could lead to revocation of the authorization to use CAERS.

Applicant Signature: _____ Date: _____

Facility Preparer #3 (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 electronic signature or any other willful misuse of CAERS could lead to revocation of the authorization to use CAERS.

Applicant Signature: _____ Date: _____

Facility Certifier Recommendation: I approve the above listed individual(s) as Facility Preparer(s) for

Legal Company or Facility Name

Date

Facility Approver's Name, Typed or Printed

Signature

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

	UserID	Date Issued
FA		
FE1		
FE2		
FE3		