



**STATE AND LOCAL EMISSIONS INVENTORY SYSTEM (SLEIS)
 ELECTRONIC REPORTING REGISTRATION APPLICATION**

SITE INFORMATION			
1. Organization's legal name		APC Company number	
2. Site name (if different from legal name)			
3. Site address (St./Rd./Hwy.)			
City or distance to nearest town	Zip code	County name	
<p align="center">Fill out for each person you wish to add as a user for your SLEIS account. An email address is required for each user account. Also, you will need to assign each user at least one role: viewer or editor. One Submitter must be a Responsible Official at the facility.</p>			
SLEIS USER INFORMATION			
4. First and Last Name		Title	
Mailing address (St./Rd./Hwy.)		Phone number with area code	
City	State	Zip code	Email address
User Role: Administrator Editor Viewer		Status: Facility Staff Consultant	
SLEIS USER INFORMATION			
5. First and Last Name		Title	
Mailing address (St./Rd./Hwy.)		Phone number with area code	
City	State	Zip code	Email address
User Role: Editor Viewer		Status: Facility Staff Consultant	

SLEIS USER INFORMATION			
6. First and Last Name			Title
Mailing address (St./Rd./Hwy.)			Phone number with area code
City	State	Zip code	Email address
User Role: Editor Viewer			Status: Facility Staff Consultant
SUBMITTER INFORMATION (RESPONSIBLE OFFICIAL/RESPONSIBLE PERSON)			
7. Responsible person/Authorized contact			Title
Mailing address (St./Rd./Hwy.)			Phone number with area code
City	State	Zip code	Email address
Role: Administrator Submitter Editor Viewer			FACILITY STAFF ONLY
SUBSCRIBER AGREEMENT			
Based upon information and belief formed after a reasonable inquiry, I, as the responsible official/responsible person of the above mentioned facility, certify that the information contained in this registration form is accurate and true to the best of my knowledge, and that all information not identified by me as confidential in nature shall be treated by the APC as public record. As specified in TCA Section 39-16-702(a)(4), this declaration is made under penalty of perjury. I agree to protect the electronic reporting signature credentials from compromise. I further agree to report any evidence that the credentials have been compromised as soon as possible. I understand that a signature executed with the credentials has the same legal force as a handwritten signature.			
8. Signature (form must be signed before it will be processed)			Date
Signer's name (type or print)		Title	Phone number with area code

Notary Public Credentials:

State of _____ County of _____

On the _____ day of _____, in the year _____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted executed the instrument.

Notary Public