Connecticut Department of		
Energy & Environmental Protection		
Bureau of Air Management		
Engineering & Enforcement Division		

CPPU USE ONLY		
Doc		
#:		
Program: [list program name from SIMS]		
XXXXXXXXXXXXXX:		

Electronic Signature and Subscriber Agreement Form

Please complete this application form in accordance with the instructions in order to ensure the proper handling of your Electronic Signature and Subscriber Agreement. Print legibly or type.

Part I: Application Type and Registration Information

Check the appropriate box identifying the application type.

This application is for (check all that apply):	Registration Information:		
First Time Submitter Certification	1. Town number:		
First Time Editor Certification	2. Premises number:		
Submitter Replacement Certification	3. Title V Permit number:		
Editor Replacement Certification	4. Permit Expiration Date:		
Additional Editor Certification	5. GPLPE Registration number:		
	6. GPLPE Expiration Date:		
Town where site is located:			
Brief description of type of facility:			

If there are any changes or corrections to your company/facility or individual name, mailing or billing address or contact information, please complete and submit the <u>Request to Change Company/Individual Information</u> to the address indicated on the form. For any other changes you must contact the specific program from which you hold a current DEEP license. If there is a change in ownership, please contact the Permit Assistance Office for questions concerning license transfers at 860-424-3003.

Part II: Applicant Information

*

If an entity for which electronic submittal authorization is being sought is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the entity's name shall be stated **exactly** as it is registered with the Secretary of State. This information can be accessed at <u>CONCORD</u>.

If an entity is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).

. Applicant Name* (Entity for which electronic submittal authorization is being sought):		
Mailing Address:		
City/Town:	State:	Zip Code:
Business Phone:	ext.:	Fax:
Contact Person:	Phone:	ext.
*E-mail (required to created user account):		
at this electronic address, concerning the subject application	n. Please remem	ber to check your security
Applicant Type (check one): 🗌 individual 🛛 🗌 *bus	iness entity	federal agency
 state agencymunicipalitytribal *If a business entity: i) check type:corporationlimited liability companylimited partnershiplimited liability partnershipstatutory trustOther: ii) provide Secretary of the State business ID #:This information can be accessed at <u>CONCORD</u> iii)Check here if you are NOT registered with the Secretary of State's office. 		
Applicant's interest in property at which the proposed activity	y is to be located	d:
site owner option holder lessee		
easement holder operator other (specify):	
Check if any co-applicants. If so, attach additional sheet(s) with the	e required informa	tion as requested above.
	Mailing Address: City/Town: Business Phone: Contact Person: *E-mail (required to created user account): *By providing this e-mail address you are agreeing to receive at this electronic address, concerning the subject application settings to be sure you can receive e-mails from "ct.gov" addres your e-mail address changes. Applicant Type (check one): individual *bus *If a business entity: i) corporation limited liability com i) concord concord iiiii electronic ii) provide Secretary of the State business ID #: concord iii) Check here if you are NOT registered with the Secret Applicant's interest in property at which the proposed activity isite owner option holder lessee easement holder operator other (state)	Mailing Address: City/Town: State: Business Phone: ext.: Contact Person: Phone: *E-mail (required to created user account): *By providing this e-mail address you are agreeing to receive official correspont this electronic address, concerning the subject application. Please remembers settings to be sure you can receive e-mails from "ct.gov" addresses. Also, plyour e-mail address changes. Applicant Type (check one): individual *business entity *If a business entity: i) corporation limited liability company limit i) i) corporation limited liability company limit iii) provide Secretary of the State business ID #:

2.	Billing contact, if different than the applicant.			
	Name:			
	Mailing Address:			
	City/Town:	State:	Zip Code	9:
	Business Phone:	ext.:	Fax:	
	Contact Person:	Phone:		ext.
	E-mail:			
3.	Primary contact for departmental correspondence and	inquiries, if diff	erent than	the applicant.
	Name:	•		
	Mailing Address:			
	City/Town:	State:	Zip Code	ə:
	Business Phone:	ext.:	Fax:	
	Contact Person:	Phone:		ext.
	*E-mail:			
	*By providing this e-mail address you are agreeing to receiv at this electronic address, concerning the subject applicatio settings to be sure you can receive e-mails from "ct.gov" ac your e-mail address changes.	n. Please remen	nber to che	ck your security
4.	Premises contact, if different than the applicant.			
	Name of Facility or Site:			
	Address:			
	City/Town:	State:	Zip Code	e:
	Business Phone:	ext.:	Fax:	
	Contact Person:	Phone:		ext.
	E-mail:			
5.	Engineer(s) or consultant(s) employed or retained to assist in preparing the electronic signature and subscriber form and/or to act as subscriber and/or editor.			tronic signature
	Name of Engineering or Consulting Firm:			
	Mailing Address:			
	City/Town:	State:	Zip Code	9:
	Business Phone:	ext.:	Fax:	
	Contact Person:	Phone:		ext.
	*E-mail:			
	Service Provided:			
	Check here if additional sheets are necessary, and labe	el and attach ther	n to this sh	leet.

Part III: Site Information

SITE NAME AND LOCATION			
Is the name of the site the same as the name of the applicant?			
Name of Site :	Name of Site :		
Street Address or Location Description:			
City/Town:	State:	Zip Code:	
Tax Assessor's Reference: Map	Block	Lot	
[Latitude and longitude of the exact location of the pro in decimal degrees: Latitude: L	pposed activity in d Longitude:	legrees, minutes, and seconds or	
Method of determination (check one):			
🗌 GPS 🔲 USGS Map 🗌 Other (ple	ease specify):		
If a USGS Map was used, provide the quadrangle nan	ne:]		

Part IV: Submitter Certification

ا، (Printed or Typed Name of Submitter, the Authorized Signatory)
1. Understand that this Electronic Signature Application and Agreement will allow me to submit electronic documents, including, but not limited to, reports, as required by the Connecticut Department of Energy and Environmental Protection ("DEEP") on behalf of the regulated entity specified in <i>Part II: Applicant Information</i> .
Understand that these electronic documents will be sent to DEEP's Emissions Inventory Reporting System ("EMIT") under authorized programs in lieu of paper submissions.
3. Understand that the State of Connecticut has adopted applicable statutes entitled "The Connecticut Uniform Electronic Transactions Act" which can be located at §1-260 through and including §1-286 of the Connecticut General Statutes.
4. Agree to protect my unique electronic signature device from compromise and from use by anyone except me. Specifically, I agree to maintain the secrecy of my password; I will not divulge or delegate my user name and password to any other individual; I will not store my password in an unprotected location; and I will not allow my password to be written into computer scripts to achieve automated log-in.
5. Agree to contact the DEEP EMIT Administrator at 860-424-4152 as soon as possible, but no later than 24 hours, after suspecting or determining that my user name and/or password have become lost, stolen or otherwise compromised.
6. Agree that I will review the contents of all electronic submissions prior to submission.
7. Understand and agree that I will be legally bound, obligated, or responsible by my use of my electronic signature as I would be using my hand-written signature.
8. Understand that I will automatically receive an e-mail receipt from the DEEP's EMIT System for any submission that contains a valid electronic signature, identifying the document received, the signatory, and the date and time of receipt.
9. Agree that I will contact the DEEP's EMIT Administrator if I do not receive an e-mail receipt as

specified above within five (5) business days for any submission to the DEEP's EMIT.

10. Understand that I will have the opportunity to review the document submitted in a human-readable format and an opportunity to repudiate the electronic document based on this review.

11. Understand that the DEEP's EMIT will automatically reject any electronic document submitted without a valid electronic signature if such signature is required.

12. Agree to notify the DEEP EMIT Administrator if I cease to represent the regulated entity specified in *Part II: Applicant Information* as signatory as soon as this change in relationship occurs.

13. Agree to retain a copy of this signed agreement as long as I continue to represent the regulated entity specified in *Part II: Applicant Information* as signatory of the company's electronic submissions.

14. Agree to notify the DEEP EMIT Administrator within five (5) business days if any of my contact information (phone, e-mail, title, etc.) on this Application and Agreement changes while I continue to represent the regulated entity specified in *Part II: Applicant Information*.

15. Agree that this agreement can be terminated by either party. The subscriber agreement will continue until modified by mutual consent or unless terminated with written notice by either party.

16. Understand that, upon termination of this agreement, the associated ability to submit electronic documents will also terminate.

17. Understand that a document shall be deemed to have been received electronically by the DEEP wher is accessible by the DEEP, and that no document shall satisfy any reporting requirement or be of any lega effect until it is received.

18. Agree that in no event will DEEP be liable to me or my employer for any special, consequential, indire or similar damages, includes any lost profits or lost data arising out of the use or inability to use the EMIT system or any data supplied by EMIT.

19. Understand that when I submit electronic documents to EMIT that I am representing to the DEEP that have the requisite authority, signatory authority in accordance with section 22a-174-2a of the Regulations Connecticut State Agencies as applicable, to originate the transaction at the time of transmittal on behalf (the regulated entity specified in *Part II: Applicant Information*.

20. Understand that when I submit this document and when I submit electronic documents to EMIT that I am certifying that

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and comp to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text."

Signature of Submitter, the Authorized Signatory	Date
Name of the Submitter, the Authorized Signatory (print or type)	Title (if applicable)
Submitter's E-Mail Address for EMIT correspondence	Company name/entity for which electronic submit authorization is being sought

Part V: Editor Certification.

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(Printed or Typed name of Individual Requesting Editor Status)

1. Understand that this Electronic Signature Application and Agreement will allow me to edit and contribute to electronic documents, including, but not limited to, reports, as required by the Connecticut Department of Energy and Environmental Protection ("DEEP") on behalf of the regulated entity specified in *Part II: Applicant Information*.

2. Understand and agree to the terms and conditions in *Part II: Submitter Certification* paragraphs 2 through 5 and paragraph 18 of this electronic application and subscriber agreement.

3. Agree to notify the DEEP EMIT Administrator if I cease to be retained by the regulated entity, specified in *Part II: Applicant Information*, as an editor as soon as this change in relationship occurs.

4. Agree to retain a copy of this signed agreement as long as I continue to be an editor for the regulated entity specified in *Part II: Applicant Information*.

5. Agree to notify the DEEP EMIT Administrator within five (5) business days if any of my contact information (phone, e-mail, title, etc.) on this Application and Agreement changes while I continue to be an editor for the regulated entity specified in *Part II: Applicant Information*.

6. Understand that when I submit this document and when I edit electronic documents in EMIT that I am certifying that

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text."

Signature of Editor	Date Title (if applicable)		
Name of Editor (print or type)	Company name/entity for which editor status is being sought.		
Editor's E-Mail Address for EMIT correspondence	<u>-</u>		
This editor is for (check all that apply):	Signature and Title of representative authorized to approve editor on behalf of the company/entity for		
Emission Statement	which editor status is being sought.		
Section 22 Reporting	Check if any additional editors. If so, attach		
GPLPE Reporting	additional sheet(s) with the required information		
Title V Reporting	above.		

- Note: Upon approval of a complete Electronic Signature and Subscriber Agreement Form, a User ID and initial Password will be issued to the submitter for purposes of electronically submitting documents to DEEP's EMIT System, and a User ID and initial Password will be issued to each editor for the purposes of editing electronic documents intended for submission through DEEP's EMIT System.
- Note: Please submit the completed Electronic Signature and Subscriber Agreement Form and all Supporting Documents to:

AIR TECHINCAL SERVICES BUREAU OF AIR MANAGEMENT DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION 79 ELM STREET HARTFORD, CT 06106-5127 ATTN: E-REPORTING