



**Iowa DNR - Air Quality Bureau
State & Local Emission Inventory System (SLEIS)
Electronic Subscriber Agreement Form**



- h. To contact the SLEIS Administrator if I find any evidence of discrepancy between documents submitted and those received by SLEIS.
- i. That if I cease to be a signatory for the requested facility or facilities, I will notify the SLEIS Administrator within five (5) business days from the time I know of this change in my duties.
- j. To retain a copy of this signed agreement as long as I am a signatory for the requested facility or facilities.

2. I understand:

- a. That the DNR will contact my company to verify my identity and signing authority.
- b. That signing this agreement allows me to use the Iowa DNR SLEIS program to submit electronic documents in lieu of paper submissions to the Iowa DNR's Air Quality Bureau.
- c. That **after** submission, I will have the opportunity to review the electronic document for which I am the signatory and that I will be able to repudiate it based on this review.
- d. That I will be legally bound, obligated, and responsible by using my electronic signature device as I would be by using my handwritten signature.
- e. That the Iowa DNR SLEIS program will automatically reject any electronic document attempted to be submitted without a valid electronic signature if such signature is required.

3. I certify:

- a. Under penalty of law that based on the information and belief formed after reasonable inquiry, the statements and information contained in electronic submissions for which I am the signatory are true, accurate, and complete.
- b. That my company has obtained legal entitlement to install and operate the equipment covered by and on the property identified in electronic construction permit applications for which I am the signatory.
- c. That making false statement, representation, or certification of electronic submissions for which I am the signatory may result in civil or criminal penalties.

Sign Here

Responsible Official's Signature:

Date Signed

IMPORTANT – Sign and mail or hand-deliver this completed form to:

Air Quality Bureau
Attn: SLEIS Administrator
7900 Hickman Rd Ste 1
Windsor Heights IA 50324

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Additional Facilities (Duplicate this form as needed)				
Facility Name:		Facility Plant Number		
Street Address:				Format: 00-00-000
City		State		Zip Code
Facility Name:		Facility Plant Number		
Street Address:				Format: 00-00-000
City		State		Zip Code
Facility Name:		Facility Plant Number		
Street Address:				Format: 00-00-000
City		State		Zip Code
Facility Name:		Facility Plant Number		
Street Address:				Format: 00-00-000
City		State		Zip Code
Facility Name:		Facility Plant Number		
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