



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

CPPU USE ONLY
Doc #: _____
Program: [list program name from SIMS]
INVENTORYGROUP ONLY
XXXXXXXXXXXXXXXXXXXX: _____

## 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): <input type="checkbox"/> First Time Submitter Certification <input type="checkbox"/> First Time Editor Certification <input type="checkbox"/> Submitter Replacement Certification <input type="checkbox"/> Editor Replacement Certification <input type="checkbox"/> Additional Editor Certification	Registration Information: 1. Town number: 2. Premises number: 3. Title V Permit number: 4. Permit Expiration Date: 5. GPLPE Registration number: 6. GPLPE Expiration Date:
<b>Town where site is located:</b> _____	
<b>Brief description of type of facility:</b> _____	

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 [Request to Change Company/Individual Information](#) 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 [CONCORD](#).*

*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.).*

**1. 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):

\*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

- a) Applicant Type (check one):  individual       \*business entity       federal agency  
 state agency       municipality       tribal

\*If a business entity:

- i) check type:  corporation       limited liability company       limited partnership  
 limited liability partnership       statutory trust       Other: \_\_\_\_\_
- ii) provide Secretary of the State business ID #: \_\_\_\_\_ This information can be accessed at [CONCORD](#)
- iii)  Check here if you are **NOT** registered with the Secretary of State's office.

- b) Applicant's interest in property at which the proposed activity is to be located:

- site owner       option holder       lessee  
 easement holder       operator       other (specify): \_\_\_\_\_

- Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.

**2. Billing contact, if different than the applicant.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

E-mail:

**3. Primary contact for departmental correspondence and inquiries, if different than the applicant.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

\*E-mail:

\*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

**4. Premises contact, if different than the applicant.**

Name of Facility or Site:

Address:

City/Town:

State:

Zip Code:

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.**

Name of Engineering or Consulting Firm:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

\*E-mail:

Service Provided:

Check here if additional sheets are necessary, and label and attach them to this sheet.



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 when it is accessible by the DEEP, and that no document shall satisfy any reporting requirement or be of any legal effect until it is received.

18. Agree that in no event will DEEP be liable to me or my employer for any special, consequential, indirect or similar damages, including 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 I have the requisite authority, signatory authority in accordance with section 22a-174-2a of the Regulations of the Connecticut State Agencies as applicable, to originate the transaction at the time of transmittal on behalf of 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 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 Submitter, the Authorized Signatory                      Date

Name of the Submitter, the Authorized Signatory                      Title (if applicable)  
(print or type)

Submitter's E-Mail Address for EMIT correspondence                      Company name/entity for which electronic submission authorization is being sought

**Part V: Editor Certification.**

I, \_\_\_\_\_,  
**(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

This editor is for (check all that apply):

- Emission Statement
- Section 22 Reporting
- GPLPE Reporting
- Title V Reporting

Signature and Title of representative authorized to approve editor on behalf of the company/entity for which editor status is being sought.

Check if any additional editors. If so, attach additional sheet(s) with the required information 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 TECHNICAL SERVICES  
BUREAU OF AIR MANAGEMENT  
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127  
ATTN: E-REPORTING