



**Minnesota Pollution
Control Agency**

520 Lafayette Road North
St. Paul, MN 55155-4194

MPCA-CROMERR Online Services Portal Request to Remove Electronic Signature User Authorization

Wastewater Program

Doc Type: Electronic Signature User Agreement

Instructions: This form is to be submitted to request official removal of an account number/user as an authorized signatory for Discharge Monitoring Reports (DMRs) and related documents submitted on behalf of a facility or facilities previously authorized by the responsible official.

- For an account holder requesting removal of his/her authorization, complete all areas listed below.
- For responsible officials requesting revocation of authorizations of employees or former employees, complete all areas below if known. At a minimum, you must provide the name of the account holder and all facility ID numbers and names to be removed.
- A separate form must be completed for each account holder.

MPCA Use Only
Authorization removal date
Authorizing MPCA staff signature

Submit completed, signed, original form to:

Attn: MPCA Online Services Portal Administrator
Minnesota Pollution Control Agency
504 Fairgrounds Road, Suite 200
Marshall, MN 56258

User Information

User account number: _____ Legal name: _____
Phone number: _____ E-mail address: _____

Please check A or B below (whichever is applicable)

- ☐ **A** I am the above-named User of the MPCA-CROMERR Online Services Portal account listed above. By my signature on this document, I am requesting the Minnesota Pollution Control Agency (MPCA) to remove authorization of my electronic signature for use in submittal of eDMR documents on behalf of the facilities listed below via my account number listed above.
- ☐ **B** I am the responsible official for the facilities listed below. By my signature on this document, I request and authorize revocation of the above named person as an authorized signatory on eDMR documents submitted via the MPCA Online Services Portal on behalf of the facilities listed below.

Permit Information (attach additional sheets if necessary)

Permit number: _____	Facility name: _____
Permit number: _____	Facility name: _____
Permit number: _____	Facility name: _____
Permit number: _____	Facility name: _____
Permit number: _____	Facility name: _____
Permit number: _____	Facility name: _____
Permit number: _____	Facility name: _____

User or Responsible Official Signature (Required)

I understand that in order to reinstate this authorization a new *Electronic Signature User Agreement* will need to be submitted.

Print legal name: _____ Official title: _____
Official signature: _____ Date (mm/dd/yyyy): _____
Phone number: _____