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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | DG-02  Electronic signature submittal agreement  and air signatory form  Air Quality Permit Program  MPCA e-Services  *Doc Type: Permit Application* |

## Modifications to this form are prohibited.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\*** 1a) AQ Facility ID number: | |  | 1b) Agency Interest ID number: |  |
| **\*** 2) Facility name: |  | | | |

1. Purposes of this form:

* Identification and authorization of an Air e-Service Signatory (person with recognized authority to electronically sign air quality documents).

Check at least one:  Air Individual Permit Applications

Air Capped, Registration, or General Permit Administrative Change

Air Modeling Protocol\*\*  Notification of permit termination

\*\* If you gain e-Services access for a modeling protocol, do not use e-Services for applications unless you have an appropriate permit type. If you submit such an application, it will be denied without a refund of your fee.

* Identification and/or updating of Air Responsible Official in the Minnesota Pollution Control Agency (MPCA) databases per Minn. R. 7007.0100, subp. 21.
* Delegation of authority from Responsible Official to other qualified staff per Minn. R. 7007.0100, subp. 21.

1. Agreements:

By signature on this agreement, the identified Signatory (account holder/User) and the Responsible Official agrees to:

1. Protect the account password, PIN, and answers to challenge questions from compromise.
2. Not allow anyone unauthorized access to the account, account password, PIN, or answers to challenge questions.
3. Promptly report to the MPCA any evidence of loss, theft, or other compromise of the account, account password, PIN, or answers to challenge questions.
4. Change the account password and User PIN if there is reason to suspect or believe that any have been become known to another person.
5. Notify the MPCA if the account holder or the Responsible Official named in this document no longer represents the named facilities in the capacity indicated on or authorized by this form as soon as the change becomes known.
6. Review in a timely manner the email onscreen acknowledgements and copies of record submitted and certified through my account to MPCA e-Services.
7. Report any evidence of discrepancy between the document submitted and what the MPCA e-Services received.
8. **MPCA e-Services Signatory (account holder) signature**

By signing below as an account holder, I acknowledge that:

1. I will be legally bound, obligated, and responsible for the use of my created electronic signature as I would be using my handwritten signature.
2. I have read, understand, and accept the terms and condition of this submittal agreement.
3. I have read the certification requirements of Minn. R. 7001.0070 and 7001.0540 and understand that certifications are made subject to the penalty of law, including penalties for submitting false information.
4. I have a current *User ID* with the MPCA e-Services.
5. \*Signatory (account holder) user ID      .
6. \* I **am** the Responsible Official authorized to submit and sign per Minn. R. 7007.0100, subp. 21.

***Note:*** *The individual who is identified as the 'Responsible Official' will be updated in the MPCA database and become the legal and binding Responsible Official for the above named facility.*

**or**

\* **I am not** the Responsible Official authorized to submit and sign per Minn. R. 7007.0100, subp. 21. **Section D is required.**

Signatory (account holder) signature

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*** Print name: | |  | | | **\*** Title: |  | | |
| **\*** Address: |  | | | **\*** City, State, Zip code: | | | |  |
| **\*** Signature: |  | | | **\*** Date (mm/dd/yyyy): | | | |  |
| **\*** Phone number: | | |  | **\*** Email address: | | |  | |

1. If the Signatory (account holder) is not the Responsible Official for the listed facility, the Responsible Official must complete this section:

|  |  |  |  |
| --- | --- | --- | --- |
| I, |  |  |  |
|  | *Responsible Official printed legal name* |  | *Responsible Official title* |

certify that I am the Responsible Official per Minn. R. 7007.0100, subp. 21, by virtue of my status as one of the following: President of corporation, Vice President in charge of a principal business function, Secretary of corporation, Treasurer of corporation, or other person who performs policy or decision-making functions for the corporation similar to the functions performed by those listed.

I authorize and delegate authority to the user identified in section ‘C’ above. By signature on this document, I understand that this authorization is valid unless the MCPA is notified by me or the above named User, in writing, that the authorization status has changed.

**Note:** The individual who is identified as the 'Responsible Official' will be updated in the MPCA database and become the legal and binding Responsible Official for the above-named facility.

Responsible Official signature

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Print name: | |  | | | | | Title: |  | | |
| Address: |  | | | City, State, Zip code: | | | | | |  |
| Signature: |  | | | | Date (mm/dd/yyyy): | | | | |  |
| Phone number: | | |  | | | Email address: | | |  | |

1. Final step – submit to the MPCA

Print this form, sign and date section ‘C’ (if you are the Signatory and Responsible Official) or sections ‘C’ and ‘D’ (if you are the Signatory but are **not** the Responsible Official), and mail or hand deliver to:

**Attn: Air Quality Permit Document Coordinator**

Minnesota Pollution Control Agency

520 Lafayette Road North

St Paul, MN 55155-4194

*Fields proceeded by a single red asterisk (\*) indicates a required field.*

*All* ***required fields*** *must be completed or submittal agreement will be returned.*

**For MPCA use only:**

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|  |  |  |  |
| Authorizing MPCA staff signature |  |  | Date |