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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | e-Services request to remove account holder authorization  MPCA e-Services  Doc Type: Tempo\_Submittal |

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| **Purpose of this form:**   * This form is only for Minnesota Pollution Control Agency (MPCA)  e-Services which require facility selection and role authorization. * Allows a facility’s Responsible Official to remove an e-Services account holder’s authorized access to that facility. Allows an e-Services account holder to remove their authorized access for a specific facility. | **MPCA Use Only** |
|  |
| *Authorization removal date (mm/dd/yyyy)* |
|  |
| *Authorizing MPCA staff signature* |
|  |

**Instructions:** This form must be submitted to request removal of an MPCA e-Services account holder’s access to a specific facility.

* For an account holder requesting removal of their 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.
* **Submit the completed, signed, original form (no copies) to:**

Attn: MPCA e-Services

Minnesota Pollution Control Agency

520 Lafayette Road North

St. Paul, MN 55155

Account holder access to be removed information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Account holder user ID: | |  | Account holder name: | |  |
| Phone number: |  | | Email address: |  | |

Please check A or B below (whichever is applicable)

**A** I am the account holder of the MPCA e-Services account listed above. By my signature on this document, I request my authorization be removed for the facilities listed below.

**B** I am the responsible official for the facilities listed below. By my signature on this document, I request the authorization of the above-named account holder be removed for the facilities listed below.

**Facility information (attach additional sheets if necessary)**

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| --- | --- | --- | --- |
| 1a) Permit number: |  | 1b) Agency Interest ID No.: |  |
| 2) Facility name: |  | | |
| 1a) Permit number: |  | 1b) Agency Interest ID No.: |  |
| 2) Facility name: |  | | |
| 1a) Permit number: |  | 1b) Agency Interest ID No.: |  |
| 2) Facility name: |  | | |

**Account holder or responsible official signature (Required)**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Print legal name: | |  | Official title: |  | | |
| Official signature: | |  | Date (mm/dd/yyyy): | | |  |
| Phone number: | |  | Email address: | |  | |
| Address: |  | | City, State, Zip: | |  | |