

## **Attachment #1**

# **Application Form for the Department's Electronic Reporting System**

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**Facility Responsible Official**

(if more than one is needed)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street 1 \_\_\_\_\_  
Street 2 \_\_\_\_\_  
City, State Country Zip \_\_\_\_\_  
Telephone (Area Code + Number): \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Fax number: \_\_\_\_\_

**Facility Responsible Official**

(if more than one is needed)

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E-Mail: \_\_\_\_\_  
Fax number: \_\_\_\_\_

**Certification Editor**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street 1 \_\_\_\_\_  
Street 2 \_\_\_\_\_  
City, State Country Zip \_\_\_\_\_  
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E-Mail: \_\_\_\_\_  
Fax number: \_\_\_\_\_

**Certification Reviewer**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street 1 \_\_\_\_\_  
Street 2 \_\_\_\_\_  
City, State Country Zip \_\_\_\_\_  
Telephone (Area Code + Number): \_\_\_\_\_  
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E-Mail: \_\_\_\_\_  
Fax number: \_\_\_\_\_

I, the undersigned, certify, under penalty of law, based on information and belief formed after reasonable inquiry, that the statements and information contained in this document is true, accurate and complete. Further, I agree to protect the requested signature device (user ID and password) from compromise. I further agree to report any evidence that the password has been compromised as soon as possible. I understand that a signature executed with the password has the same legal force as a handwritten signature.

\_\_\_\_\_  
**Responsible Official**

**ACKNOWLEDGMENT**

For each signatory:

STATE OF NEW YORK )  
 ) ss.:  
COUNTY OF \_\_\_\_\_)

On the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted executed the instrument.

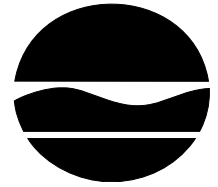
\_\_\_\_\_  
Notary Public

**New York State Department of Environmental Conservation**

**Division of Air Resources**

625 Broadway, Albany, New York 12233-3258

Website: www.dec.state.ny.us



**Application for Electronic Submittal – Emission Inventory Statement**

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**Facility Details**

DECID:            - - - - -  
Facility Name:    \_\_\_\_\_  
Facility Location: \_\_\_\_\_  
                          \_\_\_\_\_  
                          \_\_\_\_\_

**Method of Electronic Submittal:**

(check preferred method of submittal)

Direct Data Entry from Website            \_\_\_\_\_  
Spreadsheet Submittal                        \_\_\_\_\_  
Paper Submittal                                \_\_\_\_\_  
Mail Paper form                                \_\_\_\_\_

**Facility Responsible Official**

Name:    \_\_\_\_\_  
Title:    \_\_\_\_\_  
Street 1                                        \_\_\_\_\_  
Street 2                                        \_\_\_\_\_  
City, State Country Zip                    \_\_\_\_\_  
Telephone (Area Code + Number):        \_\_\_\_\_  
E-Mail:   \_\_\_\_\_  
Fax number:                                    \_\_\_\_\_

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**Emission Statement Editor**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street 1 \_\_\_\_\_  
Street 2 \_\_\_\_\_  
City, State Country Zip \_\_\_\_\_  
Telephone (Area Code + Number): \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Fax number: \_\_\_\_\_

**Emission Statement Editor**

Name: \_\_\_\_\_  
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Street 1 \_\_\_\_\_  
Street 2 \_\_\_\_\_  
City, State Country Zip \_\_\_\_\_  
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**Emission Statement Reviewer**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street 1 \_\_\_\_\_  
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Notary Public