

For a "Primary Preparer" Account, there is still one more step to complete. In order to receive a Personal Identification Number (PIN) for submittal of your facility's emission inventory (EI) Report, you must print the Electronic Signature Agreement form (this form), sign it, and return the form to the Michigan Department of Environmental Quality (DEQ). Once the Electronic Signature Agreement form is received, DEQ personnel will review your application and approve your Primary Preparer account as appropriate. Please mail the signed Electronic Signature Agreement form to:

Michigan Department of Environmental Quality  
 Attn: MAERS Administrator– Air Quality Division  
 P.O. Box 30260  
 Lansing, MI 48909-7760

**Electronic Signature Agreement for MAERS  
 Michigan Department of Environmental Quality**

I, \_\_\_\_\_ (name of Authorized Individual),

- Understand that this Electronic Signature Agreement allows me to submit an electronic Emission Inventory (EI) Report to the Michigan Department of Environmental Quality's (DEQ) approved electronic report receiving system, Michigan Air Emissions Reporting System (MAERS), in lieu of a paper submission.
- Agree to the use of a Personal Identification Number (PIN) as my electronic signature.
- Agree that I will review the content of all electronic submissions in MAERS prior to submission.
- Understand and agree that I will be legally bound and be responsible for my use of an electronic signature as I would be using my hand-written signature.
- Understand that I will have an opportunity to review the EI Report submitted in a human-readable format prior to submission.
- Understand that the DEQ may contact the facility official to verify the signatory's proper authority.
- Agree to retain a copy of this signed agreement as long as I continue to act as the authorized signatory for the regulated entity(ies) shown below:

**List of Facilities**

	<u>Company Name</u>	<u>Address</u>	<u>SRN</u>
○	_____	_____	_____
○	_____	_____	_____
○	_____	_____	_____
○	_____	_____	_____
○	_____	_____	_____

Printed Name of Authorized Signatory: \_\_\_\_\_

Signatory's Email Address: \_\_\_\_\_

Official Title: \_\_\_\_\_

Signature of Authorized Signatory: \_\_\_\_\_

Date: \_\_\_\_\_