



Michigan Department of Environmental Quality - Air Quality Division
Michigan Air Emissions Reporting System (MAERS)
PPP-101 PRIMARY PREPARER PROXY FORM

1. INVENTORY YEAR

(Optional Form)

Authorized under 1994 P.A. 451, as amended.

GENERAL INSTRUCTIONS: Refer to the General Instructions Booklet for more detailed instructions. This MAERS form is used to authorize the Department of Environmental Quality to grant a secondary preparer or consultant access to the source's MAERS report for a **specific inventory year**. Enter the **specific inventory year** in field 1. The access to the source's MAERS report is limited to the inventory year in field 1; a new form is required each year. Please mail the signed form to: Michigan Department of Environmental Quality, Attention: MAERS Coordinator – Air Quality Division, P.O. Box 30260, Lansing, MI 48909-7760.

FORM REFERENCE	
2. Form Type PPP-101	3. AQD Source ID (SRN)

PRIMARY PREPARER'S IDENTIFICATION		
4. Source Name		
5. First Name	6. Last Name	7. Title
8A. Street Number and Name (where emission unit(s) is located)		
8B. Address Continued		
9. City	10. State	11. Zip Code
12. E-Mail Address		
13A. Telephone Number ()	13B. Telephone Extension	14. Fax Number ()

SECONDARY PREPARER / CONSULTANT IDENTIFICATION		
15. Email Address	16. First Name	17. Last Name
18. Company	19. Telephone Number ()	20. Access to be Granted <input type="checkbox"/> Read / Write <input type="checkbox"/> Read Only
15. Email Address	16. First Name	17. Last Name
18. Company	19. Telephone Number ()	20. Access to be Granted <input type="checkbox"/> Read / Write <input type="checkbox"/> Read Only
15. Email Address	16. First Name	17. Last Name
18. Company	19. Telephone Number ()	20. Access to be Granted <input type="checkbox"/> Read / Write <input type="checkbox"/> Read Only
15. Email Address	16. First Name	17. Last Name
18. Company	19. Telephone Number ()	20. Access to be Granted <input type="checkbox"/> Read / Write <input type="checkbox"/> Read Only

Signature	
I authorize the Department of Environmental Quality to provide the Secondary Preparers / Consultants listed above access to the MAERS Report for the Source identified by the SRN provided above and I am authorized by the Source named in item 3 to allow the individuals identified above, access to the Source's MAERS Report.	
21. Signature	22. Date