

A. Form ADEM-eDWRS-1: Permittee Registration Form

INSTRUCTIONS: A Permittee Responsible Official (WSRO) must complete this form to register a Permittee for electronic reporting and to request access to the eDWRS for authorized Permittee personnel to assign them a user role of preparer or certifier. This form should also be used by the Permittee to authorize Labs and assign them a lab role of preparer or certifier. **NOTE:** A completed Form ADEM-eDWRS-2 is required for every user with a role of certifier. A completed Form ADEM-eDWRS-1A is required from every authorized Lab to request user accounts for Lab personnel. **Do Not** email the documents to ADEM. Access for a certifier will not be provided until the documents with original signatures are received.

Part A: Permittee Information

PWS ID:	AL000		
Permittee Name:			
Mailing Address:	Street:	State:	Zip:
	City:		
<input type="checkbox"/> New Application <input type="checkbox"/> Manage User Accounts or Lab Associations <input type="checkbox"/> Request for Reactivation			

Part B: Permittee User Account Information (All fields are required.)

Permittee User	Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove		User Role: <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier		
	General Information				
	Last Name:				
	First Name:		Middle Name/Initial:		
	Job Title:				
	Employer's Name:				
	Contact Information				
	E-mail:				
	Mailing Address:		Street:		
			City, State, Zip:		
Phone Number(s):					

Permittee User	Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove		User Role: <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier		
	General Information				
	Last Name:				
	First Name:		Middle Name/Initial:		
	Job Title:				
	Employer's Name:				
	Contact Information				
	E-mail:				
	Mailing Address:		Street:		
			City, State, Zip:		
Phone Number(s):					

Permittee User	Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove		User Role: <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
	General Information			
	Last Name:			
	First Name:		Middle Name/Initial:	
	Job Title:			
	Employer's Name:			
	Contact Information			
	E-mail:			
	Mailing Address:		Street:	
			City, State, Zip:	
Phone Number(s):				

Permittee User	Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove		User Role: <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
	General Information			
	Last Name:			
	First Name:		Middle Name/Initial:	
	Job Title:			
	Employer's Name:			
	Contact Information			
	E-mail:			
	Mailing Address:		Street:	
			City, State, Zip:	
Phone Number(s):				

Permittee User	Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove		User Role: <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
	General Information			
	Last Name:			
	First Name:		Middle Name/Initial:	
	Job Title:			
	Employer's Name:			
	Contact Information			
	E-mail:			
	Mailing Address:		Street:	
			City, State, Zip:	
Phone Number(s):				

Part C: Lab Associations (All fields are required.)

Lab	Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		Lab Role: <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
	Lab ID:			
	Lab Name:			

Lab	Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		Lab Role: <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
	Lab ID:			
	Lab Name:			

Lab	Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		Lab Role: <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
	Lab ID:			
	Lab Name:			

Lab	Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		Lab Role: <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
	Lab ID:			
	Lab Name:			

Lab	Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		Lab Role: <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
	Lab ID:			
	Lab Name:			

Lab	Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		Lab Role: <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
	Lab ID:			
	Lab Name:			

Lab	Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		Lab Role: <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
	Lab ID:			
	Lab Name:			

Lab	Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		Lab Role: <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
	Lab ID:			
	Lab Name:			

Lab	Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		Lab Role: <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
	Lab ID:			
	Lab Name:			

Part D: Permittee Registration

I request that the above identified Permittee be registered for electronic reporting to allow the use of the ADEM eDWRS. As the Permittee, I agree that all authorized representatives for this Permittee will follow permit requirements and the procedures for the electronic submission of eDWRS data and documents, as described in the ADEM eDWRS Participation Package.

Please establish or revise the above user accounts in accordance with the information provided for each identified Permittee User. The users who are designated to be a Certifier are Authorized Representatives for this Permittee for all reporting purposes. I understand that all Authorized Representatives must submit an original completed Form ADEM-eDWRS-2: Terms and Conditions Agreement.

Please establish or revise the above Permittee's Lab Authorizations. The Labs that are designated to be a Certifier are Authorized Lab Representatives for this Permittee for all reporting purposes. I understand that all Authorized Lab Representatives must submit a Form ADEM-eDWRS-1A: Lab Registration Form to request Lab User Accounts.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Permittee Name (type or print)

Permittee Signature

Date

Official Title (type or print)

For Office Use Only:

	Name	Date
Received by:		
Approved by:		