

Alabama Department of Environmental Management

Permittee Registration Form for e-DMR/e-SSO

This form should be used to register a Permittee for ADEM's E2 Reporting System and authorize any changes to permit requirements that may be necessary to allow the identified Permittee to submit Discharge Monitoring Reports and Sanitary Sewer Overflow Reports electronically. This form should also be used by the Permittee to add, change, or delete E2 Reporting System accounts for individuals that the Permittee authorizes (or no longer authorizes) to view/prepare or certify e-DMR or e-SSO submissions. **Note:** Any individual for which a Certifier account is requested must also sign and submit an Electronic Signature Agreement (ESA) for e-DMR/e-SSO (ADEM Form 512). A Certifier account cannot be created without a properly completed and signed ESA. Please review ADEM's E2 Reporting System Permittee Participation Package should you have any questions about completing this form. It is available on ADEM's website at <https://e2.adem.alabama.gov/NPDES>. Please send a hard copy of completed form(s) with original wet-ink signature(s) to:

ADEM
Attn: E2 Coordinator
P O Box 301463
Montgomery, AL 36130-1463

Part A. Permittee Information

1. Permit Number(s): _____
- Note:** A Permittee may enroll in the E2 Reporting System for more than one permit on this form; however, please be aware that the User(s) listed in Part B below will have the authorities requested for each permit number listed above. If that is not your intention, only list the permit(s) for which you are requesting authorization for the User(s) listed in Part B below.
2. Permittee Name: _____
 3. Mailing Address (Line 1): _____
 4. Mailing Address (Line 2): _____
 5. Mailing Address (City, State, Zip): _____
 6. Application Purpose: New Application Revised Permittee or Application Information Request for Reactivation

Part B. User Account Information (* indicates required information)

1	User Account Designation(s) (Both an Account Action and Account Type must be indicated for an e-DMR or e-SSO account.) 1.a. e-DMR Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete <input type="checkbox"/> N/A 1.b. Account Type: <input type="checkbox"/> Viewer/Preparer <input type="checkbox"/> Certifier 2.a. e-SSO Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete <input type="checkbox"/> N/A 2.b. Account Type: <input type="checkbox"/> Viewer/Preparer <input type="checkbox"/> Certifier Comment: _____
2	User General Information and Contact Information <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. 3.a. First Name* 3.b. Middle Name/Initial 3.c. Last Name* 3.d. Suffix 4. Job Title: _____ 5. Employer's Name: _____ 6. e-mail*: _____ 7.a. Office Phone No.*: _____ 7.b. Cell Phone No.: _____ 8. Mailing Address (Line 1)*: _____ 9. Mailing Address (Line 2): _____ 10. Mailing Address (City, State, Zip)*: _____
3	User Account Designation(s) (Both an Account Action and Account Type must be indicated for an e-DMR or e-SSO account.) 1.a. e-DMR Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete <input type="checkbox"/> N/A 1.b. Account Type: <input type="checkbox"/> Viewer/Preparer <input type="checkbox"/> Certifier 2.a. e-SSO Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete <input type="checkbox"/> N/A 2.b. Account Type: <input type="checkbox"/> Viewer/Preparer <input type="checkbox"/> Certifier Comment: _____
4	User General Information and Contact Information <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. 3.a. First Name* 3.b. Middle Name/Initial 3.c. Last Name* 3.d. Suffix 4. Job Title: _____ 5. Employer's Name: _____ 6. e-mail*: _____ 7.a. Office Phone No.*: _____ 7.b. Cell Phone No.: _____ 8. Mailing Address (Line 1)*: _____ 9. Mailing Address (Line 2): _____ 10. Mailing Address (City, State, Zip)*: _____

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User Account Designation(s) *(Both an Account Action and Account Type must be indicated for an e-DMR or e-SSO account.)*

1.a. e-DMR Account Action: Add Update Delete N/A 1.b. Account Type: Viewer/Preparer Certifier
 2.a. e-SSO Account Action: Add Update Delete N/A 2.b. Account Type: Viewer/Preparer Certifier

Comment: _____

User General Information and Contact Information

Mr. Ms. Dr. 3.a. First Name* 3.b. Middle Name/Initial 3.c. Last Name* 3.d. Suffix

4. Job Title: _____ 5. Employer's Name: _____

6. e-mail*: _____

7.a. Office Phone No.*: _____ 7.b. Cell Phone No.: _____

8. Mailing Address (Line 1)*: _____

9. Mailing Address (Line 2): _____

10. Mailing Address (City, State, Zip)*: _____

Part C. Permittee Registration

I request that the above identified Permittee be registered for electronic reporting and request any Department initiated minor permit revisions (where no fee is required) that may be necessary to allow use of the ADEM E2 Reporting System. As a Responsible Official or a Duly Authorized Representative, I agree that representatives for this facility will follow permit requirements and the procedures for the electronic submission of DMR and SSO report forms, as described in the Permittee Participation Package.

Please establish or revise the above user accounts in accordance with the information provided for each identified User Account. I understand that if a Certifier account is requested for an individual above, an Electronic Signature Agreement (ESA) for e-DMR/e-SSO (ADEM Form 512) must be properly completed and signed. A Certifier account will not be created without a properly completed and signed ESA.

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.

Name of Responsible Official or Duly Authorized Representative <i>(Type or print legibly)</i>	Signature	Date Signed
Official Title <i>(Type or print legibly)</i>		

Note: This form may only be signed by a Responsible Official (RO) or Duly Authorized Representative (DAR), as specified in the ADEM Admin. Code. An RO may sign this form to appoint any individual as a Viewer/Preparer or Certifier. A DAR may sign this form to appoint himself/herself as a Viewer/Preparer or a Certifier, but may only sign this form for another individual to appoint them as a Viewer/Preparer. The ADEM Admin. Code does not allow a DAR to delegate signatory authority to another individual.

If a DAR signing this form has been granted signatory authority by a document other than an accompanying ADEM Form 512 (ESA), please provide a copy with this application to expedite the processing.

For ADEM Use Only

	Name	Date			Date
Received By:				Trial Start:	
Approved By:				Full E2:	
E2 Updated:					

Notes: _____