



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Air Management
Engineering & Enforcement Division

Electronic Signature and Subscriber Agreement Form

Please complete this application form in accordance with the instructions in order to ensure the proper handling of your Electronic Signature and Subscriber Agreement. Print legibly or type.

Part I: General Information

Check the appropriate box(es) identifying the application type.

| | | | | | | | |
|---|---|--------------------|--|------------------------|--|------------------------------|--|
| <p>This application is for (check all that apply):</p> <p><input type="checkbox"/> Submitter Certification</p> <p>Total Number of Submitter(s) Added:</p> <p>Total Number of Submitter(s) Deactivated:</p> <p><input type="checkbox"/> Editor Certification</p> <p>Total Number of Editors Added:</p> <p>Total Number of Editors Deactivated:</p> <p>(Complete and sign one signature sheet for each submitter and editor)</p> | <p>Registration Information:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; background-color: #e0e0e0;">Town number</td> <td style="width: 30%;"></td> </tr> <tr> <td style="background-color: #e0e0e0;">Premises number</td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;">Title V Permit number</td> <td></td> </tr> </table> | Town number | | Premises number | | Title V Permit number | |
| Town number | | | | | | | |
| Premises number | | | | | | | |
| Title V Permit number | | | | | | | |
| <p>List all Submitter(s)/ Editor(s) being Deactivated</p> | | | | | | | |

Part II: Site Information

| SITE NAME AND LOCATION | | | | |
|---|--|--------------|--|-----------------|
| Name of Site | | | | |
| Street Address or Location Description | | | | |
| City/Town | | State | | Zip Code |

Part III: Applicant Information

- If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be obtained from [CT.gov Business Records Search Tool](#).
- If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).
- If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes you must contact the specific program from which you hold a current DEEP license.

| 1. APPLICANT INFORMATION | | | | | | |
|--|--|--|--|----------|--|--|
| Applicant Name | | | | | | |
| Mailing Address | | | | | | |
| City/Town | | State | | Zip Code | | |
| Business Phone No. | | Extension No. | | | | |
| Contact Person | | | | | | |
| Title | | | | | | |
| *Email | | <p>*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.</p> | | | | |
| Applicant Type | | <input type="checkbox"/> business entity <input type="checkbox"/> municipality <input type="checkbox"/> individual <input type="checkbox"/> federal agency <input type="checkbox"/> state agency <input type="checkbox"/> tribal | | | | |
| | | If a business entity: | Business Type | | <input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> limited partnership <input type="checkbox"/> limited liability partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> Other: | |
| | | | Secretary of the State business ID No. | | <input type="checkbox"/> Check here if your business is NOT registered with the Secretary of State's office. | |
| | | | <i>This information can be accessed at the Secretary of State's database. (CT.gov Business Records Search Tool.)</i> | | | |
| Applicant's interest in property at which the proposed activity is to be located | | <input type="checkbox"/> site owner <input type="checkbox"/> option holder <input type="checkbox"/> lessee <input type="checkbox"/> easement holder <input type="checkbox"/> Other: | | | | |
| Are there co-applicants? | | <input type="checkbox"/> Yes <input type="checkbox"/> No+- If "Yes", attach additional sheet(s) with the required information as above. | | | | |
| 2. BILLING CONTACT (If different than the applicant) | | | | | | |
| Name | | | | | | |
| Mailing Address | | | | | | |
| City/Town | | State | | Zip Code | | |
| Contact Person | | | | | | |
| Business Phone No. | | Extension No. | | | | |
| Email | | | | | | |

Part III: Applicant Information (continued)

| 3. PRIMARY CONTACT FOR DEPARTMENTAL CORRESPONDENCE AND INQUIRIES (if different than the applicant) | | | | |
|--|--|---------------|--|----------|
| Name | | | | |
| Title | | | | |
| Company/Individual Name | | | | |
| Mailing Address | | | | |
| City/Town | | State | | Zip Code |
| Business Phone No. | | Extension No. | | |
| Email | | | | |
| 4. ENGINEER(S) OR CONSULTANT(S) EMPLOYED OR RETAINED TO ASSIST IN PREPARING THIS APPLICATION (if different than the applicant) | | | | |
| Name | | | | |
| Title | | | | |
| Company/Individual Name | | | | |
| Mailing Address | | | | |
| City/Town | | State | | Zip Code |
| Business Phone No. | | Extension No. | | |
| Email | | | | |
| Service Provided | | | | |

Check here if additional sheets are necessary. Label and attach them to this sheet.

Part IV: Submitter Certification

| |
|--|
| <ol style="list-style-type: none"> Understand that this Electronic Signature Application and Agreement will allow me to submit electronic documents, including, but not limited to, reports, as required by the Connecticut Department of Energy and Environmental Protection ("DEEP") on behalf of the regulated entity specified in Part III: Applicant Information. Understand that these electronic documents will be sent to DEEP's Emissions Inventory Reporting system ("EMIT") under authorized programs in lieu of paper submissions. Understand that the State of Connecticut has adopted applicable statutes entitled "The Connecticut Uniform Electronic Transactions Act" which can be located at §1-260 through and including §1-286 of the Connecticut General Statutes. Agree to protect my unique electronic signature device from compromise and from use by anyone except me. Specifically, I agree to maintain the secrecy of my password and challenge questions; I will not divulge or delegate my username, password, and challenge questions to any other individual; I will not store my password and challenge questions in an unprotected location; and I will not allow my password and challenge questions to be written into computer scripts to achieve automated log-in. Agree to contact the DEEP EMIT Help Desk and Administrator at 860-424-4152 or via email at DEEP.BAM.TS@ct.gov as soon as possible, but no later than 24 hours, after suspecting or determining that my username, password, and/or challenge questions have become lost, stolen, or otherwise compromised. Agree that I will review the contents of all electronic submissions prior to submission. Understand and agree that I will be legally bound, obligated, or responsible by my use of my electronic signature as I would be using my hand-written signature. Understand that I will automatically receive an email receipt from the DEEP's EMIT System for any submission that contains a valid electronic signature, identifying the document received, the signatory, and the date and time of receipt. Agree that I will contact the DEEP's EMIT Administrator if I do not receive an email receipt as specified above within five (5) business days for any submission to the DEEP's EMIT. Understand that I will have the opportunity to review the document submitted in a human-readable format and an opportunity to repudiate the electronic document based on this review. |
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Part IV: Submitter Certification (continued)

11. Understand that the DEEP's EMIT will automatically reject any electronic document submitted without a valid electronic signature if such signature is required.
12. Agree to notify the DEEP EMIT Administrator if I cease to represent the regulated entity specified in Part III: Applicant Information as signatory as soon as this change in relationship occurs.
13. Agree to retain a copy of this signed agreement as long as I continue to represent the regulated entity specified in Part III: Applicant Information as signatory of the company's electronic submissions.
14. Agree to notify the DEEP EMIT Administrator within five (5) business days if any of my contact information (phone, e-mail, title, etc.) on this Application and Agreement changes while I continue to represent the regulated entity specified in Part III: Applicant Information.
15. Agree to modify the DEEP ezFile account information through the DEEP ezFile, self-service portal, especially updates to correct email addresses for the account.
16. Agree that this agreement can be terminated by either party. The subscriber agreement will continue until modified by mutual consent or unless terminated with written notice by either party.
17. Understand that, upon termination of this agreement, the associated ability to submit electronic documents will also terminate.
18. Understand that a document shall be deemed to have been received electronically by the DEEP when it is accessible by the DEEP, and that no document shall satisfy any reporting requirement or be of any legal effect until it is received.
19. Agree that in no event will DEEP be liable to me or my employer for any special, consequential, indirect or similar damages, includes any lost profits or lost data arising out of the use or inability to use the EMIT system or any data supplied by EMIT.
20. Understand that when I submit electronic documents to EMIT that I am representing to the DEEP that I have the requisite authority, signatory authority in accordance with §22a-174-2a of the Regulations of Connecticut State Agencies as applicable, to originate the transaction at the time of transmittal on behalf of the regulated entity specified in Part III: Applicant Information.
21. Understand that when I submit this document and when I submit electronic documents to EMIT that I am certifying that:

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense under §53a-157b of the Connecticut General Statutes, under §53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text."

| | | | |
|--|--|--------------|--|
| Signature of Submitter, the Authorized Signatory | | Date | |
| Name of the Submitter, the Authorized Signatory (print or type) | | | |
| Title (if applicable) | | | |
| Submitter's E-mail (required to created user account) | | | |
| DEEP ezFile User Name (https://selfserve.deep.ct.gov/SelfService/UserHelp/User_Help_v3.0.0.4.pdf) | | | |
| Company name/entity for which electronic submittal authorization is being sought | | | |
| Phone Number: | | Ext.: | |

Part V: Editor Certification

1. Understand that this Electronic Signature Application and Agreement will allow me to edit and contribute to electronic documents, including, but not limited to, reports, as required by the Connecticut Department of Energy and Environmental Protection (“DEEP”) on behalf of the regulated entity specified in *Part III: Applicant Information*.
2. Understand and agree to the terms and conditions in *Part IV: Submitter Certification* paragraphs 2 through 5 and paragraph 18 of this electronic application and subscriber agreement.
3. Agree to notify the DEEP EMIT Help Desk and Administrator if I cease to be retained by the regulated entity, specified in *Part III: Applicant Information*, as an editor as soon as this change in relationship occurs.
4. Agree to retain a copy of this signed agreement as long as I continue to be an editor for the regulated entity specified in *Part III: Applicant Information*.
5. Agree to notify the DEEP EMIT Administrator within five (5) business days if any of my contact information (phone, e-mail, title, etc.) on this Application and Agreement changes while I continue to be an editor for the regulated entity specified in *Part III: Applicant Information*.
6. Understand that when I submit this document and when I edit electronic documents in EMIT that I am certifying that:

“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense under §53a-157b of the Connecticut General Statutes, under §53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”

| | | | |
|---|-------------------------------------|-------------|--|
| Signature of Editor | | Date | |
| Name of Editor (print or type) | | | |
| Title (if applicable) | | | |
| Company name/entity for which editor status is being sought. | | | |
| E-mail (required to created user account) | | | |
| DEEP ezFile User Name:(https://selfserve.deep.ct.gov/SelfService/UserHelp/User_Help_v3.0.0.4.pdf) | | | |
| Phone Number | | EXT | |
| Signature and Title of representative authorized to approve editor on behalf of the company/entity for which editor status is being sought. | | | |
| | Signature and Title Required | | |

Notes: Please complete and sign one signature sheet (Parts IV and V) for each submitter and editor identified in this agreement.

Early review and account creation can be expedited by sending an advanced copy of this form to DEEP.BAM.TS@ct.gov. Please submit the wet ink original of this completed Electronic Signature and Subscriber Agreement Form to:

AIR QUALITY, MODELLING, and EMISSIONS INVENTORY
 (Formerly called the Technical Services)
 BUREAU OF AIR MANAGEMENT
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CT 06106-5127
 ATTN: E-REPORTING