



## Stormwater eReporting Registration Form

Completion of the Stormwater Electronic Reporting (eReporting) Registration Form is a required step for the Owner to obtain the privilege of submitting electronic reports to DEQ and in lieu of submitting paper reports.

In addition, this form allows for Owners to designate Responsible Officials and Facility Administrators who can act on their behalf.

### A. Owner Information

The Owner is the legal entity to which/whom permits have been issued. The Owner may be an individual or organization. Every Owner is required to have a Responsible Official who meets the legal signature authority requirements in [40 CFR 122.22](#).

- For a corporation, this individual shall be a president, secretary, treasurer, or vice-president in charge of a principal business function, or another individual who performs similar functions for the corporation, or the manager of one or more manufacturing, production, or operating facilities who is authorized to make management decisions about the facility operation.
- For a partnership or sole proprietorship, this individual shall be a general partner or the proprietor, respectively; or
- For a municipality, State, Federal, or other public agency, this individual shall be either a principal executive officer or ranking elected official.

Owner Name:				
Responsible Official Name:			Title:	
Does the Responsible Official already have an eDMR account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, User ID:	
Email Address:			Phone:	
Mailing Address:				
City:			State:	Zip:



### C. Facility Administrator Information

Include the following information for all Facility Administrators listed in Part B. Attach additional pages if you need more space.

<b>Facility Administrator for Permit Number:</b>					
Name:		Title:			
Do you already have an eDMR account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, User ID:			
Organization:					
Email Address:		Phone:			
Mailing Address:					
City:		State:		Zip:	
<b>Facility Administrator for Permit Number:</b>					
Name:		Title:			
Do you already have an eDMR account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, User ID:			
Organization:					
Email Address:		Phone:			
Mailing Address:					
City:		State:		Zip:	
<b>Facility Administrator for Permit Number:</b>					
Name:		Title:			
Do you already have an eDMR account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, User ID:			
Organization:					
Email Address:		Phone:			
Mailing Address:					
City:		State:		Zip:	
<b>Facility Administrator for Permit Number:</b>					
Name:		Title:			
Do you already have an eDMR account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, User ID:			
Organization:					
Email Address:		Phone:			
Mailing Address:					
City:		State:		Zip:	
<b>Facility Administrator for Permit Number:</b>					
Name:		Title:			
Do you already have an eDMR account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, User ID:			
Organization:					
Email Address:		Phone:			
Mailing Address:					
City:		State:		Zip:	

**D. Responsible Official Authorization**

I, \_\_\_\_\_ (printed name), certify that I meet the legal signatory authority requirements under 40 CFR 122.22, to make this request on behalf of \_\_\_\_\_ (Owner/Organization Name).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date