



STATE OF HAWAII DEPARTMENT OF HEALTH – CLEAN AIR BRANCH
2827 Waimano Home Road
Hale Ola Building, Room 130
Pearl City, Hawaii 96782



Phone: (808) 586-4200

Fax: (808) 586-4359

Website: <http://health.hawaii.gov/cab/>

Email Address: sleis@doh.hawaii.gov

SLEIS ELECTRONIC REPORTING REGISTRATION FORM

Facility ID: _____
Facility Permit #(s): _____
Facility Name: _____
Company Name: _____
Facility Location: _____

SLEIS Facility User

Facility user roles of the State and Local Emissions Inventory System (SLEIS) include Viewer, Editor, Administrator, and Submitter. A single SLEIS facility user can be associated with more than one facility. A single facility can have more than one SLEIS Viewer, Editor, Administrator, or Submitter. A person can also have multiple roles at a facility for the SLEIS website application. Facility user roles are described below.

Viewer: Can view the contents of an emissions inventory report, but cannot make any data modifications.

Editor: Can view and start/modify the contents of an emissions inventory report (i.e., can modify facility inventory and emissions data).

Administrator: Can remove facility users (does not delete the account, just removes association with the facility) and change a user's role who is assigned to the same facility as a user with the Administrator role. While an Administrator can assign someone as a Submitter, the facility user with the Submitter role cannot submit the report unless the Department of Health-Clean Air Branch (DOH-CAB) has received an electronic subscriber agreement form for that user.

Submitter: Is a Responsible Official, as defined in Hawaii Administrative Rules (HAR) §11-60.1-1, who can submit emissions inventory reports electronically to DOH-CAB using the SLEIS website. Please note that, in addition to any inclusion in this form, each submitter (Responsible Official) is required to submit a separate SLEIS ELECTRONIC SUBSCRIBER AGREEMENT FORM.

Facility User Name: _____
Title: _____
Street 1: _____
Street 2: _____
City, State, and Zip Code _____
Telephone (Area Code + Number): _____
E-Mail: _____

- Roles Requested:
1. Viewer or Editor (Choose One)
 2. Administrator
 3. Submitter (Responsible Official)¹

Facility User Name: _____
Title: _____
Street 1 _____
Street 2 _____
City, State and Zip Code _____
Telephone (Area Code + Number): _____
E-Mail: _____

- Roles Requested:
1. Viewer or Editor (Choose One)
 2. Administrator
 3. Submitter (Responsible Official)¹

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¹ A separate **SLEIS ELECTRONIC SUBSCRIBER AGREEMENT FORM** is required for each submitter (Responsible Official)

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Please sign the certification statement below and mail this **SLEIS ELECTRONIC REPORTING REGISTRATION FORM** to the address listed at the top of this form.

RESPONSIBLE OFFICIAL (as defined in HAR §11-60.1-1)

Name (Last): _____ (First): _____ (MI): _____

Title: _____

Mailing Address: _____

Telephone Number: (____) ____ - _____ EXT: _____

Certification by Responsible Official (pursuant to HAR §11-60.1-4)

I certify that I have knowledge of the facts herein set forth, that the same are true, accurate, and complete to the best of my knowledge and belief, and that all information not identified by me as confidential in nature shall be treated by the DOH-CAB as public record.

NAME (Print/Type): _____

Signature: _____ Date: ____ / ____ / ____