



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/

SLEIS Email: sleis@doh.hawaii.gov

SLEIS ELECTRONIC SUBSCRIBER AGREEMENT FORM¹

Facility ID: _____
Facility Permit #: _____
Facility Name: _____
Company Name: _____
Facility Location: _____

For Responsible Official of multiple facilities, provide information on Page 3 of this form.

Responsible Official Name: _____
Title: _____
Street 1: _____
Street 2: _____
City, State and Zip Code: _____
Telephone (Area Code + Number): _____
E-Mail: _____
Fax number: _____

I, _____
Signature of Responsible Official (as defined in Hawaii Administrative Rules §11-60.1-1)

- Understand this form allows me to submit Emissions Inventory System (EIS) documents electronically to the Hawaii Department of Health-Clean Air Branch (DOH-CAB) approved State & Local Emissions Inventory System (SLEIS) at https://eha-cloud.doh.hawaii.gov/sleis in lieu of paper submissions.
Agree to protect my unique electronic signature information for the DOH-CAB on-line SLEIS reporting application from compromise and from use by anyone except me. Specifically, I agree to maintain the secrecy of the password; I will not divulge or delegate my username and password to any other individual; I will not store my password in an unprotected location; and I will not allow my password to be written into computer scripts to achieve automated login.
Agree to contact the DOH-CAB SLEIS Administrator at sleis@doh.hawaii.gov as soon as possible, but no later than 24 hours, after suspecting or determining that my account username and/or password have become lost, stolen or otherwise compromised.
Agree that I will review the contents of all electronic submissions to the DOH-CAB SLEIS website prior to submission and make all reasonable inquiry as to the accuracy and completeness of the information.

¹ A single SLEIS ELECTRONIC SUBSCRIBER AGREEMENT FORM is required for each Submitter (Responsible Official).

- Understand and agree that I will be legally bound, obligated, and responsible by my use of my electronic signature with the DOH-CAB SLEIS website as I would be using my hand-written signature.
- Understand that I will automatically receive an email receipt from the DOH-CAB SLEIS website for any submittal that contains a valid electronic signature, identifying the document received, the signatory, and the date of the receipt.
- Agree that I will contact the DOH-CAB SLEIS Administrator at sleis@doh.hawaii.gov if I do not receive an email receipt as specified above within five (5) business days for any submittal to the DOH-CAB SLEIS website.
- Understand that I will have the opportunity to review the document submitted to the DOH-CAB SLEIS website in a human-readable format and an opportunity to repudiate the electronic document based on this review.
- Understand that the DOH-CAB SLEIS website will automatically reject any electronic document submitted without a valid electronic signature if such signature is required.
- Understand that the DOH-CAB may contact my immediate supervisor and/or company official(s) regarding my role as an authorized individual/signatory for this facility and to verify my identity.
- Agree to notify the DOH-CAB SLEIS Administrator at sleis@doh.hawaii.gov if I cease to represent the facility specified above as signatory of the company's electronic submittals to the DOH-CAB SLEIS website.
- Agree to retain a copy of this signed agreement as long as I continue to represent the facility specified above as signatory of the company's electronic submittals to the DOH-CAB SLEIS website.

ACKNOWLEDGMENT

For each signatory, notarization is required:

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For Responsible Official of multiple facilities, provide the following:

Facility ID	Facility Permit #	Facility Name	Company Name	Facility Location

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STATE OF ~~AA~~ /----- D
/----- Dss.
COUNTY OF _____)

On this ____ day of _____, in the _____ Circuit, State of Hawaii, before me personally appeared _____, personally known to me -OR- proved to me on the basis of satisfactory evidence, who, being by me duly sworn or affirmed, did say that such person executed the foregoing instrument identified or described as _____, as such person's free act and deed, and if applicable, in the capacity shown, having been duly authorized to execute such instrument in such capacity.

The foregoing instrument is dated _____, and contained ___ pages (including all notary acknowledgment and exhibit pages) at the time of this acknowledgment/certification.

(Signature)

Printed Name: _____

Notary Public, State of _____

My Commission expires: _____

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