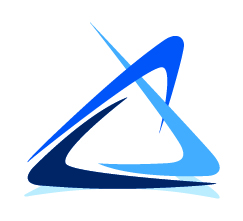
Metropolitan Council Environmental Services

Industrial Waste & Pollution Prevention Section

390 Robert Street North

St. Paul, MN 55101-1805



*For MCES Use Only*

Date Received: \_\_\_\_\_\_\_\_

# 6.2 Appendix B. Facility Account Registration Form

## For use of MCES Industrial Online Reporting System

Use this Facility Account Registration Form to submit a list of users that will be enrolling to use the MCES Industrial Online Reporting System to electronically view, prepare and/or submit data to MCES. MCES uses this form to manage user accounts and privileges for each facility.

### 6.2.1 Facility Information

| Permit No: |  |
| --- | --- |
| Facility Name: |  |
| Facility Address: |  |
| City, State, Zip: |  |
| Mailing Address: |  |
| City, State, Zip: |  |

### 6.2.2 User Information

The following users will enroll and use the MCES Industrial Online Reporting System:

Designate each user as a Responsible Official (RO) or Consultant (CO). Only RO users can sign and submit reports.

| Name | Title | Phone Number | Email Address | RO | CO |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Each user designated as a Responsible Official must complete an MCES Electronic Signature Agreement (ESA) and send to MCES. Each ESA must be submitted as a paper copy with a wet-ink signature.**

| Notes to MCES (optional): |
| --- |

### 6**.2.3 Signatory Authority Signature**

Please activate the user account(s) identified above for the MCES Industrial Online Reporting System, which is associated with the above-listed facility.

By submitting this form to MCES, I certify under penalty of law that I have personally examined and am familiar with the information submitted in this form, and 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 fines and imprisonment.

|  |  |  |
| --- | --- | --- |
| Legal Full Name (type or print) |  | Official Title (type or print) |
|  |  |  |
| Signature |  | Date |

**Complete this form, save a copy for your records and mail to:**

MCES Industrial Online Reporting System Coordinator

390 Robert Street North, St. Paul, MN 55101