

## Alaska Department of Environmental Conservation (ADEC) Electronic Signature Validation

To electronically submit applications, reports, payments, and to provide your signature using ADEC's Online Air Permit Program, **you must complete ALL sections of this electronic signature validation form.**

<p><b>Requestor's Information:</b></p> <p>First/Last Name _____</p> <p>Present Title _____</p> <p>Company Name _____</p> <p>Stationary Source Name _____</p> <p>Phone Number _____</p> <p>myAlaska user ID _____</p> <p>E-mail Address _____</p>	<p><b>Submit Completed Form to:</b></p> <p>State of Alaska                  Department of Environmental Conservation                  Division of Air Quality                  RE: Air Online Services                  555 Cordova Street                  Anchorage, Alaska 99501</p>
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Upon confirmation of information provided on this completed form, the department will establish an on-line air permit program user account. This user account will provide **enabling** access for company administrators to authorize others to access the on-line electronic permitting program. You will be notified via email when your account is activated.

For security purposes, you will be required to re-validate your identify with the information provided above in order for your password to become your electronic signature.

*Note: Your Company's Organization Web Administrator must assign privileges to you in order for you to electronically sign documents.*

**In accordance with Title 18 AAC 50.345(j), I certify that I am responsible official for the above identified company. My signature and photo I.D. verify my identity for use of the departments' Air On-Line Services.**

**I further understand and agree that my *myAlaska* password is my electronic signature. I will keep my electronic signature password secure from compromise, I will not allow use of my electronic signature password by others, I will promptly report any evidence that my electronic signature password has been given to others, and I will promptly notify the system manager if I receive a system acknowledgement of a submission that I did not make. I also agree that by signing this form, I agree that use of my electronic signature password to electronically sign documents legally binds me to the same extent as I would be bound or obligated by handwritten signatures.**

**Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document, and in any document I electronically sign and submit to the department, are true, accurate, and complete.**

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<i>Signature</i>	<i>Printed Name (In CAPS)</i>	<i>Date</i>
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Please attach a photocopy of your valid driver's license in the space provided below. This privileged information is CONFIDENTIAL and will **ONLY** be used by ADEC to verify identity of electronic transactions completed in on-line. **Once Notarized, you may blacken SSN#, and other personal information; Please LEAVE your name, Drivers License Number & STATE of license issuance visible.**

Please place photocopy of driver's license -Front and Back -please ensure information is legible

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me and I certify that the person signing this form is also the person for whom this driver's license has been issued.

Seal

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature  
My commission expires \_\_\_\_\_