

**Alaska Department of Environmental Conservation (ADEC)
Electronic Signature Validation Form**

Air Online Services electronic submittal of applications, reports, and payments requires an electronic signature. **You must complete ALL sections of this form and go through the validation process to receive/use your electronic signature.**

Requestor's Information: First/Last Name _____ Present Title _____ Company Name _____ Stationary Source Name _____ Phone Number _____ myAlaska user ID _____ Email Address _____	Submit Completed Form to: State of Alaska Department of Environmental Conservation Division of Air Quality RE: Air Online Services 555 Cordova Street Anchorage, Alaska 99501
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Upon confirmation of information provided on this completed form, the department will establish an online air permit program user account. This user account will **enable** access for company administrators to authorize others to access the online 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 ADEC's Air Online 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.

Signature	Printed Name (<i>In CAPS</i>)	Date
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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 online. **Once Notarized, you may blacken SSN#, and other personal information; Please LEAVE your name, Driver's 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 _____