



**ENVIRONMENTAL
QUALITY**

Electronic Signature Agreement

This Agreement will allow you to electronically submit forms and reports using the DEQ ePortal and SLEIS systems when those forms and reports require a signature, using the account identified by your email address. To receive the necessary authorization, you must fill out this form completely, sign it, and send the original to:

**Electronic Signature Agreement Committee
Division of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317**

Faxes, photocopies, emails, and other facsimiles will not suffice.

Your First and Last Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

Email: _____

Notes:

- (1) The Name must be the name of the person shown on the next page; company names are not allowed, and if used will cause the form to be returned.
 - (2) The address must be a street address. Post Office boxes are not allowed.
 - (3) The email address is the address used for the ePortal and SLEIS accounts. It must be an email address for the person submitting the Electronic Signature Agreement. It can be that person's work email address, but it should not be a group, general, or company email address.
 - (4) The email address, and the ePortal and SLEIS accounts tied to that address, must be used only by the person named in this ESA form. Changes to the email address require an updated Electronic Signature Agreement.
 - (5) All fields are required, and must match your ePortal and SLEIS accounts.
 - (6) Questions can be emailed to eSignatureAgreement@adeq.state.ar.us.
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I, _____, the undersigned, am submitting this Electronic Signature Agreement to the Division of Environmental Quality (DEQ), to apply for authorization to electronically submit forms and reports using DEQ's electronic submission systems:

- ePortal** (you can register at <https://eportal.adeq.state.ar.us>)
- SLEIS** (State and Local Emissions Inventory System; application available at <https://sleis.adeq.state.ar.us/File/Download>)

(Please select one or both as applies. You must already have an account in the selected system.)

With this authorization, any and all submissions made with the ePortal and SLEIS systems using the accounts identified by my email address above will be the equivalent of my handwritten signature on all electronically submitted reports, documents, applications, files, or forms, and shall have the full legal force of an actual handwritten signature pursuant to the Arkansas Electronic Records and Signatures Act codified at Ark. Code Ann. §25-31-101 et seq.

I hereby agree to the following conditions:

- (1) I am the only person authorized to use this email address and the associated ePortal and SLEIS accounts tied to that address, and I will not permit any other party, including anyone who may be acting as my agent, to use this email address. If the email address is changed, I will submit an updated Electronic Signature application with the new information.
- (2) I will protect my account passwords and all security question and answer pairs from compromise and from use by any other party, including anyone who may be acting as my agent.
- (3) I will promptly report – within 24 hours after discovery – to DEQ any evidence of the loss, theft, or other compromise of my account password or any security question and answer pairs.
- (4) I will review and, if necessary, repudiate any electronic reports, documents, applications, files, or forms that may have been submitted to DEQ after this loss, theft, or other compromise.
- (5) I will promptly review – within 24 hours after discovery – the acknowledgments and copies of submitted documents generated by DEQ's ePortal and SLEIS systems.
- (6) I will promptly report – within 24 hours after discovery – to DEQ any evidence of discrepancy between any information electronically submitted by my accounts and what was received by DEQ.

I understand that I shall be held as legally bound, obligated, and responsible by the electronic signature created by submissions made using my accounts in DEQ's ePortal and SLEIS systems as by my handwritten signature.

Applicant's signature: _____

Date: _____

Optional: Please list entities (corporate, governmental, or otherwise) with which you have a relationship and for whom you have the signatory authority to complete and submit forms, applications, and reports to DEQ. This will help DEQ determine when you can legally submit a form or report to DEQ on behalf of the entity using the SLEIS and ePortal systems. You may attach additional pages if you wish.

AFIN* (if known)	Entity Name	Title/Position

* Arkansas DEQ Facility Identification Number