



**STATE OF HAWAII DEPARTMENT OF HEALTH – CLEAN AIR BRANCH**  
919 Ala Moana Boulevard, Room 203  
Honolulu, Hawaii 96814

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**Fax:** (808) 586-4359

**Website:** <http://health.hawaii.gov/cab/>

**Email Address:** [cab@doh.hawaii.gov](mailto:cab@doh.hawaii.gov)



## **SLEIS ELECTRONIC REPORTING REGISTRATION FORM**

**Facility ID:** \_\_\_\_\_  
**Facility Permit #(s):** \_\_\_\_\_  
**Facility Name:** \_\_\_\_\_  
**Company Name:** \_\_\_\_\_  
**Facility Location:** \_\_\_\_\_

### **SLEIS Facility User**

Facility user roles of the State and Local Emissions Inventory System (SLEIS) include Viewer, Editor, Administrator, and Submitter. A single SLEIS facility user can be associated with more than one facility. A single facility can have more than one SLEIS Viewer, Editor, Administrator, or Submitter. A person can also have multiple roles at a facility for the SLEIS website application. Facility user roles are described below.

**Viewer:** Can view the contents of an emissions inventory report, but cannot make any data modifications.

**Editor:** Can view and start/modify the contents of an emissions inventory report (i.e., can modify facility inventory and emissions data).

**Administrator:** Can remove facility users (does not delete the account, just removes association with the facility) and change a user's role who is assigned to the same facility as a user with the Administrator role. While an Administrator can assign someone as a Submitter, the facility user with the Submitter role cannot submit the report unless the Department of Health-Clean Air Branch (DOH-CAB) has received an electronic subscriber agreement form for that user.

**Submitter:** Is a Responsible Official, as defined in Hawaii Administrative Rules (HAR) §11-60.1-1, who can submit emissions inventory reports electronically to DOH-CAB using the SLEIS website. Please note that, in addition to any inclusion in this form, each submitter (Responsible Official) is required to submit a separate SLEIS ELECTRONIC SUBSCRIBER AGREEMENT FORM.

Facility User Name:  
Title:  
Street 1:  
Street 2:  
City, State, and Zip Code  
Telephone (Area Code + Number):  
E-Mail:

- Roles Requested:
1. ☐ Viewer or ☐ Editor (Choose One)

2. ☐ Administrator

3. ☐ Submitter (Responsible Official)<sup>1</sup>

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3. ☐ Submitter (Responsible Official)<sup>1</sup>

<sup>1</sup> A separate **SLEIS ELECTRONIC SUBSCRIBER AGREEMENT FORM** is required for each submitter (responsible official)

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Please sign the certification statement below and mail this **SLEIS ELECTRONIC REPORTING REGISTRATION FORM** to the address listed at the top of this form.

**RESPONSIBLE OFFICIAL**

(as defined in HAR §11-60.1-1)

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (MI): \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ EXT: \_\_\_\_\_

**Certification by Responsible Official**

(pursuant to HAR §11-60.1-4)

I certify that I have knowledge of the facts herein set forth, that the same are true, accurate, and complete to the best of my knowledge and belief, and that all information not identified by me as confidential in nature shall be treated by the DOH-CAB as public record.

NAME (Print/Type): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_