# INSTRUCTIONS FOR COMPLETING AQB ELECTRONIC SUBSCRIBER APPLICATION AND AGREEMENT (ESAA)

Use the form at the end of these instructions to get approval to access the CROMERR-compliant AQB online applications and electronically sign documents. The current applications include Air Emissions Inventory Reporting (AEIR) and Air Quality Bureau Compliance Reporting (AQBCR). These software applications are accessed via the NMED’s Secure Extranet Portal (SEP): <https://sep.net.env.nm.gov/sep/login-form>

The AEIR application is used to submit annual emissions inventories to NMED.

The AQBCR application is used to submit excess emission reports (EERs) when an event occurs. AQBCR is also used to submit routine reports such as Annual Compliance Certifications, Semi-Annual Reports, NSPS reports, MACT reports, NMAC reports, permit requirement reports and startup/shutdown notifications.

## First Time Registration Users

If you have never completed an Electronic Subscriber Application and Agreement (ESAA) and have not submitted an application for Air Quality Bureau Compliance Reporting (AQBCR) or the Air Emissions Inventory Reporting (AEIR) in the past, you must complete the following:

1. Electronic Subscriber Application and Agreement Form

* Sections I and II must be completed
* Sections III.A and III.B must be completed and notarized
* Section IV must be completed and notarized

Fill out, print, complete and mail the form, which is located at the end of this document.

## Returning Registration Users

If you already submitted an ESAA form and have access to AQBCR or AEIR and you want to access the other application or to change roles within an application, you do not need to submit this form. You simply need to request access to the other application within SEP or request a different role within the specific application.

When you first log in to SEP your approved applications are shown. Prior to selecting AQBCR or AEIR and answering a CROMERR question, click on the hyperlink text below the approved applications that says, “Show all available applications.” This will display all available applications and then you can select “register” for either AQBCR or AEIR, whichever is the desired new application. You will then be able to request roles within the new application.

To change roles within an application, simply request the new roles that you need in order to complete your work and those role requests will be sent to the appropriate user(s) for approval.

If you have changed companies or a facility has changed ownership, you need to submit a new ESAA form to inform AQB of your departure from the old company and addition to the new company or the change in owner for which you will be reporting. You do not necessarily have to create a new SEP account. After you have submitted an updated ESAA form to reflect your new employment or the change in ownership, log into SEP and prior to selecting an application click “Profile” in the orange bar near the top of the screen. This will open your user profile and allow you to update name, title, organization, email address, password, etc. You can update any details that need to be changed to reflect your new employment on this page. Click “Update User Profile” once all changes are completed. The only detail that cannot be changed is User ID. The Facility Administrator or AQB will deactivate your roles with the previous company if you changed companies.

**DETAILED INSTRUCTIONS**

# ALL NEW USERS AND EXISTING USERS UPDATING COMPANY RELATIONSHIP

## SECTION I – GENERAL OWNER AND OPERATOR, SUBSIDIARY OR CONSULTANT INFORMATION

A: Owner (Parent Company) Information:

Required. Please fill out all fields.

B – D: Consultant, Operator, or Subsidiary Company Name:

Only required if the Operator or Subsidiary company is different from the owner (parent company), or if a Consultant is requesting authorization to submit electronic reports on behalf of the Owner, Operator or Subsidiary. Please fill out all fields.

**Do not put the name of the individual consultant here, put the name of the consulting company.**

If different facilities are operated by different subsidiary or operator companies that are controlled by the same parent company, these companies could all be listed on one form rather than submitting multiple ESAA forms. Use Section I.B if an additional subsidiary or operator company needs to be listed and the form is not being submitted for a consultant. If more than 4 fields are required, attach a second page with Section I and include the additional companies.

## SECTION II – ELECTRONIC SIGNATURE AGREEMENT

Please type or print your name in the field at the top of the page after you read and understand the underlying text. By submitting this form, you are agreeing to the conditions listed on this page.

## SECTION III.A – CERTIFICATION BY PERSON REQUESTING AUTHORIZATION TO SUBMIT ELECTRONIC DOCUMENTS

Required. Please fill out all fields. This is the person who is requesting authorization to submit the electronic documents.

III.A.1 Type or print your name

III.A.2 Enter you job title

III.A.3 Enter your office phone number

III.A.4 Enter the name of your company or organization

III.A.5 Enter your email address

III.A.6 Sign in front of a Notary Public

III.A.7 Date in front of a Notary Public

Have a Notary Public stamp and fill out the section for notarization.

## SECTION III.B – ROLE AUTHORIZATION

Mark the roles the Applicant in Section III.A will have.

1. **Will the applicant in Section III.A have Facility Administrator Rights?**

Required. Select a box. By selecting YES, the applicant is authorized to be a Facility Administrator and any other roles, other than Responsible Official roles, within the AQB Online Applications. By selecting No, the applicant is authorized for roles, other than Responsible Official roles, approved by the Facility Administrator, subject to some restrictions listed below.

Facility Administrator: Every organization must designate one Facility Administrator (FA) and could have one or two alternates. The FA manages the users from your organization by approving and disapproving Preparers, Submitters and Certifiers of electronic documents in each of the AQB Online Applications. The FA can approve themselves for other roles as appropriate, but no other roles can be requested without at least one FA. The FA is responsible for deactivating user roles if the person leaves the company or changes assignments and should no longer have that role. The FA or the company is also responsible for notifying the AQB if a user leaves the company so that their ESAA form can be deactivated. An FA must be a company employee and cannot be a consultant.

Other Roles within the AQB Applications are:

AEIR Submitter: This person enters data for facilities and is authorized by the FA. This person cannot certify data. This person can be company’s staff or a third-party consultant.

AEIR Certifier: This person can submit data as well as certify a submittal and is designated by the FA. AEIR Certifiers are considered the owner, operator, or responsible official as defined by 20.2.70.7 NMAC. AEIR Certifiers do not need to be Responsible Officials but they must be employed by the company and cannot be a consultant.

AQBCR Excess Emission Report (EER) Submitter/Certifier: This person can submit and certify Excess Emission Reports (EERs) for the facility and is approved by the FA. The EER Submitter/Certifier can be company’s staff or a third-party consultant for the facility.

AQBCR Routine Reports Preparer: This person can prepare Routine Reports for a facility but cannot submit the report to the Bureau. It must be reviewed, certified and submitted by the Certifier or Responsible Official. The Preparer can be company’s staff or a third-party consultant. The Preparer is approved by the FA.

AQBCR Routine Reports Certifier: This person can prepare or submit/certify any Routine Reports electronic documents that are not Title V reports (i.e. not ACCs and Semi-Annual Reports) in the AQBCR application. The certifier cannot be a third-party consultant for the facility. This person is approved by the FA.

AQBCR Routine Reports Responsible Official: This person is a Responsible Official as defined by 20.2.70.7.AE NMAC, has been identified as such to the Department through a permitting action or notification and can certify Title V reports (ACCs and Semi-Annual Reports). This person is approved by the FA and must indicate on their ESAA form that they are an RO.

1. **Is the applicant in Section III.A a Responsible Official for Title V?**

Required. Check Yes if the applicant in Section III.A is listed as the Responsible Official or alternate Responsible Official for Title V with the Air Quality Bureau, otherwise check No. Only users with this box marked Yes will be approved for Responsible Official roles.

## SECTION IV – CERTIFICATION BY AUTHORIZING COMPANY OFFICIAL

Required. Please fill out all fields. This is a company employee who is verifying that the person requesting authorization is employed by, or is a consultant for, the company and has authority to submit electronic documents.

IV.1 Type or print your name

IV.2 Enter you job title

IV.3 Enter your office phone number

IV.4 Enter the name of your company or organization

IV.5 Enter your email address

IV.6 Sign in front of a Notary Public

IV.7 Date in front of a Notary Public

Have a Notary Public stamp and fill out the section for notarization.

**Please note that the Authorizing Company Official cannot be the same as the Person Requesting Authorization to Submit Electronic Documents (Section III.A).**

**The Authorizing Company Official does NOT have to be a Title V Responsible Official.**

Once the ESAA form is submitted to the AQB and approved the user will receive an email with instructions on how to start registering for the online applications.

## REQUEST FOR TERMINATION

If a user ceases to work for a company or to be approved for the role they are currently approved for, it is the responsibility of the company/facility to notify the AQB and request termination of that user’s role(s) and ESAA form. Please specify if it is all roles or only certain roles for certain facilities. The Facility Administrator should also deactivate the user’s role(s) in the software.

This request is to be submitted by a Facility Administrator or Authorizing Company Official. Email is acceptable for this termination request.

AQBCR: [NMENV-aqbeer@state.nm.us](mailto:NMENV-aqbeer@state.nm.us)

AEIR: [NMENV-aqbaeir@state.nm.us](mailto:NMENV-aqbaeir@state.nm.us)

***Print and mail only the ESAA form on the following 5 pages.***

**MAIL FORMS TO:**

New Mexico Environment Department

Air Quality Bureau

Attn: CROMERR ESAA

525 Camino de los Marquez, Suite 1

Santa Fe, New Mexico 87505

**ELECTRONIC SUBSCRIBER APPLICATION AND AGREEMENT (ESAA)**

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| **SECTION I - GENERAL OWNER AND OPERATOR, SUBSIDIARY OR CONSULTANT INFORMATION** | | | | |
| **A.** | **Owner Information (Parent Company)** | | | |
| **Owner (Parent Company) Name:** | | | | |
|  | | | | |
| **Main Telephone Number:** | | | | |
|  | | | | |
| **Company Address:** | | | | |
|  | | | | |
|  | | | | |
| **City:** | | **State:** | **Zip:** | |
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| **B.** | **Consultant Information (if applicable) (or Operator or Subsidiary if necessary)** | | | |
| **Consultant Company Name (if different from owner):** | | | | |
|  | | | |
| **Main Telephone Number:** | | | | |
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| **Company Address:** | | | | |
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|  | | | | |
| **City:** | | **State:** | **Zip:** | |
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| **C.** | **Operator Company or Subsidiary Company Information (if applicable)** | | | |
| **Company Name (if different from owner):** | | | | |
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| **Main Telephone Number:** | | | | |
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| **Company Address:** | | | | |
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|  | | | | |
| **City:** | | **State:** | **Zip:** | |
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| **D.** | **Operator or Subsidiary or Other Company Information (if applicable)** | | | |
| **Company Name (if different from owner):** | | | | |
|  | | | |
| **Main Telephone Number:** | | | | |
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| **Company Address:** | | | | |
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|  | | | | |
| **City:** | | **State:** | **Zip:** | |
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**ELECTRONIC SUBSCRIBER APPLICATION AND AGREEMENT (ESAA)**

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| **SECTION II - ELECTRONIC SIGNATURE AGREEMENT** | | |
| **Name of Person Requesting Authorization to Prepare or Submit Electronic Documents:** | | |
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| **(please type or print)** | | |
| **As the person requesting authorization to prepare or submit electronic documents, I understand and agree to all of the following:** | | |
| * I understand that this Electronic Signature Agreement allows me to submit electronic documents to the New Mexico Environment Department (NMED) Air Quality Bureau (AQB) under authorized programs in lieu of paper submissions. * I agree to protect my unique electronic signature device from compromise and from use by anyone except me. Specifically, I agree to maintain the secrecy of the password; I will not divulge or delegate my user name and password to any other individual; I will not store my password in an unprotected location; and I will not allow my password to be written into computer scripts to achieve automated log-in. * I agree to contact the NMED AQB online application administrator at [NMENV-aqbeer@state.nm.us](mailto:NMENV-aqbeer@state.nm.us) or [NMENV-aqbaeir@state.nm.us](mailto:NMENV-aqbaeir@state.nm.us) as soon as possible, but no later than 24 hours, after suspecting or determining that my user name or password have become lost, stolen or otherwise compromised. * I agree that I will review the contents of all electronic submissions prior to submission. * I understand and agree that I will be held as legally bound, obligated, or responsible by my electronic signature as I would be by my hand-written signature. * I understand that I will automatically receive an e-mail receipt from the NMED AQB for any submission that contains a valid electronic signature, identifying the document received, the signatory, and the date and time of receipt. * I agree that I will contact the NMED AQB online application administrator if I do not receive an e-mail receipt as specified above within one business day for any online submission to the NMED AQB. * I understand that I will have the opportunity to review the document submitted in a human-readable format and an opportunity to repudiate the electronic document based on this review. * I understand that the NMED AQB online system will automatically reject any electronic document submitted without a valid electronic signature if such signature is required. * I understand that the NMED AQB may contact the Company Official who signs below to authorize me as signatory for the company in order to verify my identity. * I agree to notify the NMED AQB online application administrator at [NMENV-aqbeer@state.nm.us](mailto:NMENV-aqbeer@state.nm.us) or [NMENV-aqbaeir@state.nm.us](mailto:NMENV-aqbaeir@state.nm.us) if I cease to represent the regulated entity specified above as signatory as soon as this change in relationship occurs. * I agree to retain a copy of this signed agreement as long as I continue to represent the regulated entity specified above as signatory of the company’s electronic submissions. | | |

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| **SECTION III.A – CERTIFICATION BY PERSON REQUESTING AUTHORIZATION TO SUBMIT ELECTRONIC DOCUMENTS** | | | | | | | | | | | | | | | |
| **After reasonable inquiry, I certify that the information in this submittal is true, accurate and complete. I understand and agree to be bound by the terms and conditions of the Electronic Signature Agreement in Section II of this document.** | | | | | | | | | | | | | | | |
| **1.** | | **Name of Person Requesting Authorization to Prepare or Certify Electronic Documents (please type or print):** | | | | | **2.** | | **Title:** | | | **3.** | | **Office Phone Number:** | |
|  | | | | | | |  | | | | |  | | | |
| **4.** | | **Name of Company or Organization (please type or print):** | | | | | **5.** | | **Email Address:** | | | | | | |
|  | | | | | | |  | | | | | | | | |
| **6.** | | **Signature of Person Requesting Authorization to Prepare or Submit Electronic Documents:** | | | | | **7.** | | **Date:** | | | | | | |
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| Subscribed and sworn before me this | | | |  | | day of | | |  | , |  | | | |  |
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|  | | | |  | |  | | | NOTARY PUBLIC |  |  | | | |  |
| My commission expires: | | | |  | |  | | |  |  |  | | | |  |
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| **SECTION III.B – ROLE AUTHORIZATION** | | | | | | | | | | | | | | | |
| **1.** | | **Will the applicant in Section III.A have Facility Administrator Rights?**  (If yes, this person will approve preparer, submitter and certifier roles for other users at the facility) | **Yes  No** | | **2.** | | | **Is the applicant in Section III.A a Responsible Official for Title V?**  (This could also be an Alternate Responsible Official) | | | | | **Yes  No** | | |

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| **SECTION IV – CERTIFICATION BY AUTHORIZING COMPANY OFFICIAL** | | | | | | | | | | | | |
| **This cannot be the same person as the one requesting to submit electronic documents in Section III.**  **After reasonable inquiry, I certify that the information in this submittal is true, accurate and complete. I acknowledge that the person requesting authorization to prepare or submit electronic documents is employed by my company or organization either directly or as a consultant and is authorized to prepare or certify electronic documents and is authorized for the role(s) indicated in Section III.B or the roles that will be approved by the Facility Administrator.** | | | | | | | | | | | | |
| **1.** | | **Name of Authorizing Company Official (please type or print):** | | | **2.** | **Title:** | | | | **3.** | **Office Phone Number:** | |
|  | | | | |  | | | | |  | | |
| **4.** | | **Name of Company or Organization (please type or print):** | | | **5.** | **Email Address:** | | | | | | |
|  | | | | |  | | | | | | | |
| **6.** | | **Signature of Authorizing Company Official:** | | | **7.** | **Date:** | | | | | | |
|  | | | | |  | | | | | | | |
| Subscribed and sworn before me this | | |  | day of | | |  | , |  | | |  |
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|  | | |  |  | | | NOTARY PUBLIC |  |  | | |  |
| My commission expires: | | |  |  | | |  |  |  | | |  |
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**MAIL THIS 5 PAGE ESAA FORM TO:**

**New Mexico Environment Department**

**Air Quality Bureau**

**Attn: CROMERR ESAA**

**525 Camino de los Marquez, Suite 1**

**Santa Fe, NM 87505**

**User guides for the respective applications can be found here:**

**AEIR:** [**www.env.nm.gov/air-quality/ei-submittal/**](http://www.env.nm.gov/air-quality/ei-submittal/)

**AQBCR:** [**www.env.nm.gov/air-quality/excess-emissions-reporting/**](http://www.env.nm.gov/air-quality/excess-emissions-reporting/)

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| **NMED USE ONLY** | | | | | | |
| **REQUEST FOR APPROVAL** | | | | | | |
| **ELECTRONIC SUBSCRIBER APPLICATION AND AGREEMENT (ESAA) FORM**  **If the answer to any question is “no” the application will be denied.** | | | | |  | |
| **1** | Fields in Section I.A are completed (Section I.B, C & D required if applicable)? | | | | **Yes** | **No** |
| **2** | Name of person requesting authorization is typed or printed in Section II? | | | | **Yes** | **No** |
| **3** | Section III.A 1-7: Are all fields completed? | | | | **Yes** | **No** |
| **5** | Section III.A: Signature of person requesting authorization present and matches typed or printed name? | | | | **Yes** | **No** |
| **6** | Section III.A: Signature of person requesting authorization is notarized? | | | | **Yes** | **No** |
| **7** | Section III.A: Notary stamp valid at time of notarization? | | | | **Yes** | **No** |
| **8** | Section III.B 1 & 2: One answer marked for each question? | | | | **Yes** | **No** |
| **9** | Is the person requesting authorization in Section III.A different from the Authorizing Official in Section IV? | | | | **Yes** | **No** |
| **10** | Section IV 1-7: Are all fields completed? | | | | **Yes** | **No** |
| **11** | Section IV: Signature of authorizing company official present and matches typed or printed name? | | | | **Yes** | **No** |
| **12** | Section IV: Signature of authorizing company official is notarized? | | | | **Yes** | **No** |
| **13** | Section IV: Notary stamp valid at time of notarization? | | | | **Yes** | **No** |
| **14** | **Request is:** | APPROVED DENIED | | | | |
| **15** | **If denied, explain below:** | | | | | |
|  | | | | | | |
| **Staff Initials:** | | | **Date:** |  | | |

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| --- | --- | --- | --- | --- | --- |
| **REQUEST FOR TERMINATION** | | | | | |
| **1** | Was the termination request (email acceptable) submitted by the Facility Administrator or Authorizing Company Official? | | | **Yes** | **No** |
| **2** | Date of termination request (mm/dd/yyyy)? | | |  | |
| **Staff Initials:** | | **Date:** |  | | |