



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
eDMR PERMIT HOLDER AND CERTIFIER REGISTRATION

Complete this form to register a permit holder for electronic reporting. This form should also be used to identify or change authorized representatives assigned an electronic signature for the department's eDMR system.

PART A. PERMIT HOLDER INFORMATION

PERMIT NUMBER	FACILITY NAME		
ADDRESS	CITY	STATE	ZIP CODE
PERMIT HOLDER ACCOUNT ACTION			
<input type="checkbox"/> New Application <input type="checkbox"/> Revised Permit Holder or Account Information <input type="checkbox"/> Request for Reactivation			

PART B. USER ACCOUNT INFORMATION

USER ACCOUNT ACTION		ACCOUNT TYPE	
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		<input type="checkbox"/> Viewer <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
LAST NAME	FIRST NAME		MIDDLE INITIAL
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	JOB TITLE	EMPLOYER'S NAME	
E-MAIL		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE

USER ACCOUNT ACTION		ACCOUNT TYPE	
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		<input type="checkbox"/> Viewer <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
LAST NAME	FIRST NAME		MIDDLE INITIAL
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	JOB TITLE	EMPLOYER'S NAME	
E-MAIL		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE

USER ACCOUNT ACTION		ACCOUNT TYPE	
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		<input type="checkbox"/> Viewer <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
LAST NAME	FIRST NAME		MIDDLE INITIAL
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	JOB TITLE	EMPLOYER'S NAME	
E-MAIL		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE

PART C. PERMIT HOLDER REGISTRATION

I request the above identified permit holder be registered for electronic reporting and request any department initiated minor permit revisions (where no fee is required) that may be necessary to allow use of the department's eDMR system. As the permit holder, I agree the authorized representatives will follow permit requirements and the procedures for the electronic submission of DMR forms, as described in the permit holder participation package.

Please establish or revise the above user accounts in accordance with the information provided for each identified account. The person(s) identified as certifier(s) are hereby designated as the authorized representatives for all reporting purposes. I understand each person to receive a certifier account on the eDMR system must complete Part D and must sign in the presence of a Notary Public.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PERMIT HOLDER NAME (TYPE OR PRINT)	PERMIT HOLDER SIGNATURE	DATE
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OFFICIAL TITLE (TYPE OR PRINT)

PART D. CERTIFIER REGISTRATION

The permit holder and certifier intend to have the submission of eDMRs be the functional equivalent of the paper submissions required by a permit issued in accordance with the Missouri Clean Water Law, Chapter 644, RSMo and/or the Clean Water Act, 33 U.S.C. § 1251, *et seq.* The certifier will use a validly issued PIN as a signature when submitting eDMRs. The permit holder and certifier agree not to contest the validity of eDMRs submitted under an authorized PIN based on the fact such submissions were completed electronically. The permit holder and certifier further agree the provisions of the Uniform Electronic Transactions Act , Sections 432.200 through 432.295, RSMo, shall apply, except as otherwise stated herein or within the permit holder participation package.

The permit holder and certifier agree:

1. Any eDMR submitted under the PIN specific to the certifier shall be considered a "writing" or "in writing"; and any such records shall be deemed for all purposes:
 - a. To have been "signed" by the certifier.
 - b. To constitute an "original" when printed from electronic files or records.
2. Electronic DMRs constitute admissible evidence in any judicial or administrative proceeding.

An electronically submitted DMR will not satisfy a reporting requirement until it has been received and accepted by the department. If an electronically submitted DMR is rejected, the permit holder shall take the necessary steps to properly resubmit such DMR within 24 hours of the notice of rejection.

By signing below, the permit holder and certifier agree with the terms and conditions of Part D.

Please include the following documents (see Section 4.1 of the permit holder participation package for more information):

1. Copy of Certifier's identification (e.g. driver's license); and
2. Proof of ownership or association with permit holder.

Certifier (must sign in the presence of Notary)

Date

Notary Public 1*

Date

Permit Holder (must sign in presence of Notary)

Date

Notary Public 2*

Date

* Notary public 1 is for use if both the permit holder and the certifier both sign in the presence of the same notary; however, if the notary so desires they may sign and stamp both locations.

If the certifier and the permit holder do not sign at the same time, then notary 1 is specific to the certifier and notary 2 is specific to the permit holder.

In cases when the certifier and the permit holder are not in the same location, the certifier must complete the application to the best of their ability (including signature and notary public 1) and send the document to the permit holder to be completed (including signature and notary public 2).

Mail completed copy to: MISSOURI DEPARTMENT OF NATURAL RESOURCES, WATER PROTECTION PROGRAM,
OPERATING PERMIT UNIT, P.O. BOX 176, JEFFERSON CITY, MO 65102-0176

FOR OFFICE USE ONLY

RECEIVED BY	DATE
APPROVED BY	DATE
MOCWIS UPDATED BY	DATE
EDMR UPDATED BY	DATE



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
eDMR DEACTIVATION REQUEST FORM

Complete this form if a permit holder is no longer able or does not desire to continue to operate as a permit holder in the eDMR system.

PERMIT HOLDER INFORMATION

PERMIT NUMBER	FACILITY NAME		
ADDRESS	CITY	STATE	ZIP CODE

E-MAIL ADDRESS

PERMIT HOLDER ACCOUNT ACTION

New Application Revised Permit Holder or Account Information Request for Reactivation

REQUESTED DEACTIVATION DATE

If not pre-arranged with the eDMR system coordinator, allow at least 30 days for processing.

I request that the above identified permit holder be deactivated for electronic reporting and request any department initiated minor permit revisions (no fee required) allow this reporting change.

I understand I am obligated to continue to use the eDMR system to conclude any unfinished business that involves reporting requirements during the time the permit holder was an active eDMR system participant.

This request in no way changes the reporting requirements of this permit holder, all DMRs must continue to be submitted. This request is only an indication the permit holder will no longer use eDMR system.

_____ _____ _____
Permit Holder's Name (type or print) Permit Holder's Signature Date

Official Title (type or print)

Mail completed copy to: MISSOURI DEPARTMENT OF NATURAL RESOURCES, WATER PROTECTION PROGRAM,
OPERATING PERMIT UNIT, P.O. BOX 176, JEFFERSON CITY, MO 65102-0176

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APPROVED BY	DATE
MOCWIS UPDATED BY	DATE
EDMR UDATED BY	DATE