



Iowa DNR- Air Quality Bureau
 Asbestos Notification System
 ELECTRONIC SIGNATURE AGREEMENT

In accepting the electronic signature credential issued by the Iowa Department of Natural Resources (DNR) to sign the electronic documents submitted to DNR's Shared CROMERR Services (SCS), and as a representative for:

Electronic Signature Holder Company Information

Organization Name: _____

Registrant's Name: _____

Address: _____

City, State, Zip: _____ County: _____

Phone Number: _____ E-mail Address: _____

I, _____,
 (Name of Electronic Signature Holder)

1. I agree:

- a. To protect the electronic signature credential, consisting of my Shared CROMERR Service (SCS), user identification and password, 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 login.
- b. To contact the DNR Air Quality Bureau Help Desk at 515-423-6415 as soon as possible, but no later than 24 hours, after suspecting or determining that my user name and password have become lost, stolen or otherwise compromised.
- c. To notify SCS within ten working days if my duties change and I no longer need to interact with the SCS on behalf of my organization. I agree to make this notification by notifying the DNR Air Quality Bureau Help Desk at 515-423-6415.
- d. That if I receive a registered electronic mail (email) notification for any activity that I do not believe that I performed, I will notify the DNR Air Quality Bureau Help Desk as soon as possible, but no later than 24 hours, after receipt.
- e. To contact the DNR Air Quality Bureau Help Desk if I do not receive an email notification within 5 business days for any electronically signed submission using my credentials.
- f. To report, within 24 hours of discovery, any evidence of discrepancy between any electronic document I have signed and submitted and what the SCS has received from me by contacting the DNR Air Quality Bureau Help Desk.
- g. To notify the DNR if I cease to represent the regulated entity specified above as signatory of that organization's electronic submissions by contacting the DNR Air Quality Bureau Help Desk as soon as this change in relationship occurs and to sign a surrender certification at that time.
- h. 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.

2. I understand:

- a. That I will be informed through my email address whenever my user identification or password have been modified.
- b. That SCS reports the last date my user identification and password were used immediately after successfully logging into SCS.
- c. and agree that I will be held as legally bound, obligated, and responsible for the use of my electronic signature as I would be using my hand-written signature.



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- d. That whenever I electronically sign and submit an electronic document to the SCS, I will receive an email at my registered email address; This email will inform me that a submission has been made to SCS from my user account and will contain instructions to view information regarding the submission, including my Copy of Record (CoR).

3. I certify:

- a. I have the authority to enter into this Agreement on behalf of the Organization identified above, and I am a signatory authorized to represent that Organization, and I am able to sign and submit reports and other information on behalf of that Organization in the capacity required by statute and/or regulation.
- b. That by signing and submitting this agreement, I have read, understand, and accept the terms and conditions of this electronic signature agreement. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this agreement and I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name of Electronic Signature Holder: _____

Signature: _____ Date: _____

IMPORTANT - Sign and mail or hand-deliver this completed form to:

Iowa Department of Natural Resources- Air Quality Bureau
Attn: Asbestos Notification System Administrator
6200 Park Ave Ste 200
Des Moines IA 50321