Iowa DNR - Air Quality Bureau
State & Local Emission Inventory System (SLEIS)
Access Request Form

MAIL TO: **Air Quality Bureau**
ATTN: SLEIS Administrator
6200 Park Ave Ste 200
Des Moines IA 50321

By completing this form, you are requesting the Iowa DNR to create a user account for you to access the State & Local Emissions Inventory System (SLEIS). Once this account is created, you will receive an email, which will allow you to access the SLEIS application and complete the registration process.

☐ Checking this box indicates: (1) that you agree to protect your user ID and password and (2) that you will promptly notify the SLEIS Administrator if you discover that your user ID or password has been compromised.

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The person identified in this form is to be designated as an Administrator:

☐ An additional Administrator   ☐ A replacement for: _____

(name of previous Administrator)

The person identified in this form is a:

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

Editor / Consultant: Can view and start/modify the contents of an emissions inventory report (i.e., can modify facility inventory and emissions data), and includes facility users and consultants who are approved by the Administrator for each facility listed below.

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, a user with the Submitter role cannot submit the report unless the DNR - AQB has received an Electronic Subscriber Agreement Form for that user.

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List all facilities you wish to be designated as the Facility Administrator / Editor / Consultant / Viewer in the Role column. (Duplicate this form as needed)

Facility Name	Facility Location	Facility Number (##-##-###)	Role

Facility User's Identification

Name _____   Title _____

Mailing Address _____   Date _____

City _____   State _____   Zip Code _____

Phone Number _____   E-Mail _____