



ELECTRONIC REPORTING LEAD USER AUTHORIZATION FORM

Pursuant to Assembly Bill 2286 (Feuer), the San Mateo County CUPA requires electronic submission of specified CUPA program forms beginning January 1, 2013. The purpose of the Electronic Reporting Lead User Authorization Form is to ensure that only individuals designated by the facility owner/operator are authorized by the CUPA to create, edit, and submit electronic data on the owner's behalf to the statewide system, known as the California Environmental Reporting System (CERS).

I authorize the person and email address listed below to create, edit, and submit compliance data for the listed facilities under their CUPA designated Facility ID numbers and, as the Lead User, to approve other authorized users within my organization. I understand the following conditions: The Electronic Reporting System does not contain all of the documents that are required for a facility to be in compliance. The San Mateo County CUPA may require additional documentation in order to comply with local, state, and federal laws and regulations. Documents are still required to be maintained at each regulated facility in accordance with applicable statutes and regulations. The owner/operator must file a new authorization form when a Lead User can no longer file compliance data on behalf of the listed facilities.

I am requesting the following individual be granted access to: CERS Portal (Access can only be granted to one system)

Owner Initials: If selecting CERS, I understand that San Mateo County CUPA recommends use of the local Portal ehsubmit.smchealth.org for electronic reporting. The Portal provides better local oversight and information distribution to emergency responders.

AUTHORIZED LEAD USER INFORMATION

Name: Title:
 Email Address: Contact Phone:

OWNER INFORMATION

Name: Email: Phone:
 Mailing Address: City: Zip Code:

Fill out the boxes below or attach a list of sites included in this authorization List of sites with information below is attached.

FACILITY INFORMATION

Facility ID (FA) No.	Facility Name	Site Address	City

CERTIFICATION

I certify that I am the owner/operator or legal representative of each facility listed on this form. I understand that compliance documents submitted electronically by authorized users listed on this form imply certification by the owner/operator of the truth and accuracy of the submitted information in accordance with local, state, and federal law.

Name (Print): Owner Operator Legally Designated Representative Date:
 Signature: Title of Signer: Document Author:

OFFICE USE ONLY

Completed by: Date: Portal Email Approved
 CERS CUPA File Denied