

REQUEST FOR SECURITY ACCESS/PORTAL ACCOUNT SUBSCRIBER AGREEMENT Mine Operator License Renewal

Applicant Data (Please list each applicant separately below)
Name of Mine Operator:
Mine Operator License Number:

Name of Mine Operator:
Mine Operator License Number:

Name of Mine Operator:
Mine Operator License Number:

Name of Mine Operator:
Mine Operator License Number:

User Data (Please complete a separate request form for each user)
User Name (First, Middle Initial, Last):
User Title:
Name of Company:
Type of Company (mining, insurance agency, consultant):
Mailing Address of User:
City, State, Zip Code:
User Telephone Number:
User E-mail Address:

User Security Role (please check only one):

- ☐ **Insurance Agent:** May read data. Can only submit license renewal attachments to DEP. (1 allowed per operator)
- ☐ **Preparer:** May read data and edit data. Cannot submit data to DEP. (1 allowed per operator)
- ☐ **Submitter:** May read and edit data. Can submit data to DEP. Responsible for ensuring the accuracy of information submitted. (Must have at least 1 submitter per operator)

Electronic Signature Agreement

I agree that the use of my GreenPort password to submit data and records to the Pennsylvania Department of Environmental Protection ("Department") constitutes an electronic signature. I understand that an electronic signature is taking place every time I use my password to submit data and records to the Department.

I intend to be bound by my electronic signature. I authenticate the electronic data and record and attest to the statements contained within. I understand that my electronic signature is fully binding and has the same legal effect as an original, handwritten signature under the Electronic Transactions Act, 73 P.S. § 2260.101. I understand that submitting another individual's electronic signature or attesting to false statements in an electronic record may be subject to substantial civil and criminal penalties, including, but not limited to, 18 P.S. § 4904 (Unsworn Falsification to Authorities). If I discover that information I have submitted is incorrect, I will notify the Department immediately.

I am responsible for any and all activities that occur by the use of my electronic signature. I agree to take the necessary steps to protect my password and to ensure that others do not use my account to gain unauthorized access to this system. I will immediately notify the Department upon learning that my password may have been compromised.

 Subscriber Signature

 Date

Please return completed form to:

**Bureau of Mining Programs
PO Box 8461
Harrisburg, PA 17105-8461
FAX: 717-783-4675**

For more information: Contact the DEP Helpdesk at 717-705-3768 or EP-efactshelpdeskteam@state.pa.us

For Office Use Only		
	Name	Date
Approved By		