



REQUEST FOR SECURITY ACCESS/PORTAL ACCOUNT

Date of Request: _____

Please indicate your reporting option:

Note: You may register for multiple applications using this form. However, you may not select both AES*Online and AES*XML.

- AES*Online** or **AES*XML**
 PSIMS*Online (Submitters Only, PIN # _____ 4-10 alphanumeric characters)
 CEMDPS*Online

Site Data	(Photocopy and complete a separate request form for each additional site)
Name of Site (Facility):	
Primary Facility ID:	
Street Address of Site:	
City, State, Zip Code:	

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

User Security Role for the above site (please check only one):

- Reader:** May read data. Cannot edit data or submit data to DEP. (5 allowed per site)
 Editor: May read data and edit data. Cannot submit data to DEP. (5 allowed per site)
 Submitter: May read and edit data. Can submit data to DEP. Also considered the Responsible Official as defined under 25 Pa. Code §121.1 for submission and certification requirements under the Pennsylvania Air Pollution Control Act. (Must have 1 submitter per site)

Please return completed form to:

Bureau of Air Quality
400 Market Street, 12th Floor
Harrisburg, PA 17105-8468
FAX: 717-772-2303

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