**Nevada Division of Environmental Protection**

**Bureaus of Air Pollution Control & Air Quality Planning**

 **State and Local Emissions Inventory System (SLEIS) Facility Editor**

**Identification/Designation/Change Request Form**

As the Responsible Official for your facility, you are the designated SLEIS Facility Submitter. Ensuring the accuracy of all submissions made via the SLEIS tool to the NDEP for the purposes of annual emissions reporting is your responsibility. Accordingly, if you, as the Responsible Official, will not be the person entering data into SLEIS, we are requesting you designate a SLEIS Facility Editor who will be the primary SLEIS contact, and the individual responsible for actually entering your emissions data into SLEIS prior to your submission. Be aware that we can only accept one Facility Editor designee per Facility Identification Number (FIN).

Please specify the FIN(s) and Permit Number(s) that are covered by this designation:

FIN(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit No.(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide **ALL** of the following information.

**SLEIS Facility Editor Name, Title and Contact Information:**

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Phone: | (xxx) xxx-xxxx |  |  |  |
| Cell: | (xxx) xxx-xxxx |
| Email: |  |

**Signature Authority**

Pursuant to the conditions specified under NAC 445B.156, I hereby certify the above SLEIS Facility Editor designation under penalty of perjury. **This certification rescinds all previous designations.**

|  |  |
| --- | --- |
| Signed: |  |
| Print Name: |  |
| Title: |  |

*Must be an individual meeting NAC 445B.156(1)(a)-(d), (2), (3) or (4) requirements for a Responsible Official.*