



Jennifer M. Granholm, Governor
Steven E. Chester, Director

Michigan Department of Environmental Quality
Air Quality Division

2008 MICHIGAN AIR EMISSIONS REPORTING SYSTEM (MAERS)

P-101 SIGNATURE AND PASSWORD FORM INSTRUCTIONS AND EXAMPLE

This form is required for all submittals (electronic or paper). Most fields are prefilled from previously entered data when completing forms electronically. Field 14, Password, is not required for paper submittals. Make sure a paper copy of this form is mailed to the DEQ Air Quality Division office noted at the bottom of this form when printed from the MAERS software or refer to Submittal Instructions, Map and Table I guide. This package will not be processed by DEQ-AQD until this form is received. Retain a copy for your records.

Sources with ROPs must also include certification that the submittal is true, accurate and complete by including a Renewable Operating Permit Report Certification (Form EQP 5736), signed by the source's Responsible Official. This is necessary to fully comply with the general conditions of the ROP.

FORM REFERENCE SECTION:

This section is required.

1. **Form Type** - DEQ Air Quality reference identification for the form.
2. **AQD Source ID (SRN) – (Required)** - AQD Source ID (SRN) is where the SRN must be entered.

SOURCE IDENTIFICATION:

3. **Source Name –(Required)** Enter the source name from the S-101 Source form.
- 4A.-4B.**Street Number and Name** - Enter the address from the S-101 Source form where the equipment is located. For portables, the address that should be used is where the main office is located.
5. **County** - Enter the county name where the source is located.
6. **City** - Enter the city name where the source is located.
7. **ZIP Code** - Enter the zip code. The zip code must represent the city where the source is located.

- 8. **Submittal Method** – Select the appropriate box.
- 9. **Amended Submittal** - Select the appropriate box.

OPERATOR CERTIFICATION SECTION:

This section is required. Complete this section for each operator listed on the O-101 Operator form.

10A-C. Name of Operator(s) - Clearly print the name of the Operator and the phone number.

11. E-mail Address – Enter the e-mail address of the Operator, if available.

12. Signature - The Operator signature box is to certify the submitted package. This package will be returned if not signed.

13. Date - Date Signed.

PASSWORD AUTHORIZATION FOR ELECTRONIC SUBMITTAL SECTION:

This section is only required for sources reporting electronically.

14. Password - Enter four to eight alphanumeric characters (upper case). The password recorded should be identical to the password that was entered in the software.



Michigan Department of Environmental Quality - Air Quality Division
Michigan Air Emissions Reporting System (MAERS)

EXAMPLE 2008 P-101 SIGNATURE AND PASSWORD

(Required Form)

Authorized under 1994 P.A. 451, as amended. Completion of information is required. Civil and/or criminal penalties possible for providing false information.

GENERAL INSTRUCTIONS: Refer to the General Instructions Booklet for more detailed instructions.

FORM REFERENCE	
1. Form Type P-101	2. AQD Source ID (SRN) A1234

SOURCE IDENTIFICATION		
3. Source Name Sample Corp.		
4A. Street Number and Name (where emission unit(s) is located) 555 W. Main St.		
4B. Address Continued		
5. County Ingham	6. City Lansing	7. Zip Code 48933
8. Submittal Method <input checked="" type="checkbox"/> E-Mail <input type="checkbox"/> CD/DVD <input type="checkbox"/> FTP <input type="checkbox"/> PAPER		9. Amended Submittal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

OPERATOR'S CERTIFICATION		
Based on information and belief formed after reasonable inquiry, the statements and information in this submittal are true, accurate, and complete.		
10A. Clearly print name of Operator Jane C. Doe	10B. Telephone Number (517) 333-3333	10C. Telephone Extension 13
11. E-Mail Address (if available) janedoe@xyz.com		
12. Signature Jane C. Doe	13. Date 3/1/2008	

OPERATOR'S CERTIFICATION		
Based on information and belief formed after reasonable inquiry, the statements and information in this submittal are true, accurate, and complete.		
10A. Clearly print name of Operator	10B. Telephone Number ()	10C. Telephone Extension
11. E-Mail Address (if available)		
12. Signature	13. Date	

PASSWORD AUTHORIZATION FOR ELECTRONIC SUBMITTAL	
For electronic submittal, Password authorization is required to confirm that the data is securely available for receipt by the Air Quality Division. Please keep a record of your Password for future reference.	14. Password (length 4 to 8 characters) A123B4