

KEITH WINKLER, REHS
 Director of Public Health Services

MICHAEL MAC LEAN, MD, MS
 Health Officer



COUNTY OF KINGS

DEPARTMENT OF PUBLIC HEALTH

Jeff Taber, MPH, REHS, Deputy Health Director
 Environmental Health Services
<http://www.countyofkings.com/health/ehs>

330 Campus Drive - Hanford, California 93230
 Telephone: (559) 584-1411 Fax: (559) 584-6040

ELECTRONIC REPORTING LEAD USER AUTHORIZATION FORM

Note: Pursuant to Assembly Bill 2286 (Feuer), the Kings County CUPA must begin accepting electronic data for specified CUPA program forms on 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 Kings 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.

At this time, the Kings County CUPA requires all CERS documents to be signed as needed and submitted on paper (HMBPs in duplicate).

The owner/operator is required to file a new authorization form when a Lead User can no longer file compliance data on behalf of the listed facilities.

AUTHORIZED LEAD USER (the Lead User can authorize, approve, and remove additional facility users from within the CERS database)

NAME		TITLE		
EMAIL ADDRESS		CONTACT PHONE		
OWNER NAME		OWNER EMAIL ADDRESS		
OWNER MAILING ADDRESS	CITY	STATE	ZIP CODE	OWNER PHONE

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

FACILITY ID (FA) No.	FACILITY NAME	SITE ADDRESS	CITY
FA			
FA			
FA			
FA			
FA			
FA			
FA			
FA			
FA			

For more information, go to: <http://www.countyofkings.com/ehs/index.htm>

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.

SIGNATURE OF OWNER/OPERATOR OR LEGALLY DESIGNATED REPRESENTATIVE	DATE	NAME OF DOCUMENT PREPARER
NAME OF SIGNER (print)	TITLE OF SIGNER	