



Program Status

Current Status: No Access

Access Type: Tier II ePermits Sign - view, create, delete, modify, sign, and submit ▼

Authorization

Select the appropriate relationship and authorization statement below.

What is the best description of your employer's relationship to the facility or facilities?

- The Facility
- Parent Company
- Other

Who is authorizing the access?(Select one of the following)

- I, Martin Ramirez, am applying for a read, edit, or preparer role and no specific company authorization is required.

-OR-

- I, Martin Ramirez, am applying for a sign and submit role and have the authority to enter into this Agreement for the Company under the applicable standards referred to in 40 CFR 370.42(a).
- I, Martin Ramirez, am applying for a sign and submit role and am authorized by the person below who does have the authority to enter into this Agreement for the Company under the applicable standards referred to in 40 CFR 370.42(a).

Authority: (Name of authorizing authority)
Title: (Title of authorizing authority)
Company: (Authorizing company)
Phone: (999-999-9999)