

INDIANA ELECTRONIC SUBSCRIBER AGREEMENT

State Form IDEM-R/08-01

Instructions: Complete all sections of the form below and return it to the address listed. Additional information or assistance in completing this form can be found at <http://www.in.gov/idem/5964.htm>.

User Profile Information

Name: Jonas da Silva **Address:** 14701 Limestone BR RD
Title: Environmental Health & Safety Specialist **City:** CHARLESTOWN
E-Mail: jonas.silva@fabconprecast.com **State:** INDIANA
ZIP: 47111

User Contact Numbers

Public Number	Cellular Phone Number 1
(502) 438-4920	

Clicking a column title will sort the table by that column.

Access Request

Industrial Storm Water

Service Name	Site Name	Facility ID	Facility Address	Pending Release	Facility Type
Industrial Storm Water	Fabcon	135596	14701 Limestone Branch Rd Charlestown, IN 47111	Data Entry	

Clicking a column title will sort the table by that column.

Supervisor/Legal Signatory Authority/Responsible Official

Company Name: Fabcon **Address:** 14701 Limestone Br Rd
Name: Ryan Blakey **City:** Charlestown
Title: Plant Manager **State:** Indiana
Contact Number: (210) 330-8291 **ZIP:** 47111
E-Mail: ryan.blakey@fabconprecast.com

User/Applicant Responsibilities

All user applicants, including those seeking signatory authority for the organization identified in this document, requesting access to the IDEM eServices

must complete all entries in the section entitled User Attestation below and provide his/her handwritten signature. A separate application must be submitted for each eService application offering. All applicants must mail this document in its entirety to:

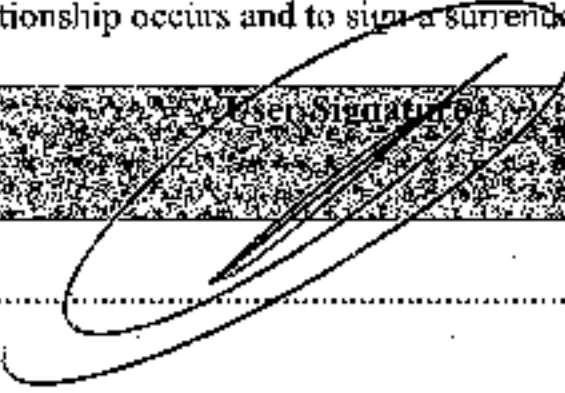
Indiana Department of Environmental Management
Attn: eServices Team
MC50-10i IGCN Room 1340
100 N Senate Avenue
Indianapolis, IN 46204-2251

If you claim signatory authority by delegation, for the organization identified in this document, an authorizing official of the entity (facility, company, etc.) must complete all entries in the section entitled Authorized Legal Authority/Responsible Official Attestation and affix his/her handwritten signature.

User Attestation

I, Jonas da Silva, do hereby certify and affirm that in accepting the electronic credential(s) issued by Indiana Department of Environmental Management for use with eServices on behalf of Fabcon,

1. Agree to protect the credential from use by anyone except me, and to confirm system security with third parties where necessary. Specifically, I agree to:
 - a. maintain the secrecy of my IDEM issued credential;
 - b. not divulge my credential to any other individual;
 - c. not store my credential in any unprotected location;
 - d. not allow my credential to be used in any automated login function.
2. Understand and agree that I will be held as legally bound, obligated and responsible by my use of my electronic credential and that legal action can be taken against me based on my use of my electronic credential with the Indiana Department of Environmental Management's electronic systems;
3. Agree never to delegate the use of my electronic credential or make my credential available for use by anyone else;
4. Agree to report to Indiana Department of Environmental Management, within twenty-four (24) hours of discovery, any evidence of the loss, theft, or other compromise of any component of my electronic credential;
5. Agree to notify Indiana Department of Environmental Management if I cease to represent Fabcon and/or my use of eServices is no longer authorized as soon as this change in relationship occurs and to sign a surrender certification at that time.

User Printed Name	User Signature	Date of Signature
Jonas da Silva		9/24/2015

I certify that I have read the IESA. I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. You must indicate your understanding of the above by placing a checkmark in the box provided. Your information will be submitted to IDEM when you click the submit button at the bottom of this screen.

Disclaimer

The Indiana Department of Environmental Management (IDEM) will not provide access to the eServices until an original, completed, signed and certified document has been received.

Please mail the Indiana Electronic Subscriber Agreement (IESA) to:

Indiana Department of Environmental Management
Attn: eServices Team
MC50-10i IGCN Room 1340
100 N Senate Avenue
Indianapolis, IN 46204-2251

A representative of the Indiana Department of Environmental Management (IDEM) will contact an official in your organization to verify the information you have supplied in this Agreement.

Authorizations, signatory or otherwise, are not automatically granted, but rather verified during the identity-proofing process by a representative of IDEM with your entity's (facility, company, etc.) authorizing official(s). Authorizations which give you the ability to submit and sign reports are determined by the entity's (facility, company, etc.) authorizing official and must be explicitly communicated to a representative of IDEM via this document and confirmed during the follow-on procedures conducted by an appropriate representative of IDEM.
