



# Alameda County Department of Environmental Health

Certified Unified Program Agency (CUPA)

1131 Harbor Bay Parkway, Alameda, CA 94502-6577

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## ELECTRONIC REPORTING LEAD USER AUTHORIZATION FORM

For more information, go to: <http://www.acgov.org/aceh/hazard/index.htm>

The Alameda County CUPA accepts electronic data for specified CUPA program forms through the statewide California Environmental Reporting System (CERS). 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 CERS.

**I authorize the person and email address below to create, edit and submit compliance data for the listed facilities and, as the Lead User, to approve other authorized users within my organization. I understand the following conditions:**

- CERS does not contain all of the documents that are required for a facility to be in compliance. The Alameda 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.
- The owner/operator is required to file a new Lead User Authorization Form when a Lead User can no longer file compliance data on behalf of the listed facilities.

**Once this form is complete, either:**

- email the form to [dehcers@acgov.org](mailto:dehcers@acgov.org)
- fax it to (510) 337-9335
- mail it to Alameda County DEH CUPA, 1131 Harbor Bay Pkwy, Alameda, CA 94502

**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

**Below are the facilities that the Lead User is authorized to access:**

FACILITY NAME	SITE ADDRESS	CITY

**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	

<b>Office Use Only</b> Notes:   Revised 11/1/16	<b>OFFICE USE ONLY</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied  <input type="checkbox"/> CERS _____ <input type="checkbox"/> Envision _____ <input type="checkbox"/> Emailed _____ <input type="checkbox"/> CUPA File _____
	Completed by: _____ Date: _____