

Facility Responsible Official

Facility Details

Facility ID: _____
Facility Name: _____
Facility Location: _____

Responsible Official Name: _____
Title: _____
Street 1 _____
Street 2 _____
City, State Country Zip _____
Telephone (Area Code + Number): _____
E-Mail: _____
Fax number: _____

I, the undersigned, agree to protect the electronic reporting signature credentials from compromise. I further agree to report any evidence that the credentials have been compromised as soon as possible. I understand that a signature executed with the credentials has the same legal force as a handwritten signature.

Responsible Official

ACKNOWLEDGMENT

For each signatory:

STATE OF OREGON
COUNTY OF _____

On the _____ day of _____, in the year _____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted executed the instrument.

Notary Public