

## B. Form ADEM-eDWRS-1A: Lab Registration Form

**INSTRUCTIONS:** Lab Responsible Officials (LRO) must complete this form to register a Lab for electronic reporting and request access to the eDWRS for authorized Lab personnel to assign them a role of preparer or certifier. **NOTE:** A completed Form ADEM-eDWRS-2 is required for every user with a role of certifier. **Do Not** email the documents to ADEM. Access for a certifier will not be provided until the documents with original signatures are received.

### Part A: Lab Information

<b>Lab Number:</b>			
<b>Lab Name:</b>			
<b>Mailing Address:</b>	Street:	State:	Zip:
	City:		
<input type="checkbox"/> New Application <input type="checkbox"/> Manage Account Information <input type="checkbox"/> Request for Reactivation			

### Part B: Lab User Account Information (All fields are required.)

<b>Lab User</b>	<b>Account Action:</b> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove		<b>User Role:</b> <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier		
	<b>General Information</b>				
	Last Name:				
	First Name:		Middle Name/Initial:		
	Job Title:				
	Employer's Name:				
	<b>Contact Information</b>				
	E-mail:				
	Mailing Address:		Street:		
			City, State, Zip:		
Phone Number(s):					

<b>Lab User</b>	<b>Account Action:</b> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove		<b>User Role:</b> <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier		
	<b>General Information</b>				
	Last Name:				
	First Name:		Middle Name/Initial:		
	Job Title:				
	Employer's Name:				
	<b>Contact Information</b>				
	E-mail:				
	Mailing Address:		Street:		
			City, State, Zip:		
Phone Number(s):					

<b>Lab User</b>	<b>Account Action:</b> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove		<b>User Role:</b> <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
	<b>General Information</b>			
	Last Name:			
	First Name:		Middle Name/Initial:	
	Job Title:			
	Employer's Name:			
	<b>Contact Information</b>			
	E-mail:			
	Mailing Address:		Street:	
			City, State, Zip:	
Phone Number(s):				

<b>Lab User</b>	<b>Account Action:</b> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove		<b>User Role:</b> <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
	<b>General Information</b>			
	Last Name:			
	First Name:		Middle Name/Initial:	
	Job Title:			
	Employer's Name:			
	<b>Contact Information</b>			
	E-mail:			
	Mailing Address:		Street:	
			City, State, Zip:	
Phone Number(s):				

<b>Lab User</b>	<b>Account Action:</b> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove		<b>User Role:</b> <input type="checkbox"/> Preparer <input type="checkbox"/> Certifier	
	<b>General Information</b>			
	Last Name:			
	First Name:		Middle Name/Initial:	
	Job Title:			
	Employer's Name:			
	<b>Contact Information</b>			
	E-mail:			
	Mailing Address:		Street:	
			City, State, Zip:	
Phone Number(s):				

**Part C: Permittee Registration**

I request that the above identified Lab be registered for electronic reporting to allow the use of the ADEM eDWRS.

Please establish or revise the above user accounts in accordance with the information provided for each identified Lab User. The users who are designated to be a Certifier are Authorized Lab Representatives for this Lab for all reporting purposes. I understand that all Authorized Lab Representatives must submit an original completed Form ADEM-eDWRS-2: Terms and Conditions Agreement.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

\_\_\_\_\_  
LRO Name (type or print)

\_\_\_\_\_  
LRO Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LRO Title (type or print)

For Office Use Only:

	Name	Date
Received by:		
Approved by:		