

## **Legally Responsible Person SMARTS Registration**

The Storm Water Multi–Application & Report Tracking System (SMARTS) is now available for dischargers to create a user account online and submit Annual Report(s) electronically. These instructions are for **registration of SMARTS Legally Responsible Person**.

You must be the **Legally Responsible Person (LRP)** to submit and certify a SMARTS report on the behalf of a facility. In the simplest terms, the LRP is the individual that certifies the Notice of Intent (NOI) and is responsible for reviewing, validating and certifying the annual report for accuracy and correctness before it is submitted.

The LRP may assign rights to submit and certify the annual report to an **Approved Signatory**. An approved signatory maybe other employees designated authority to certify documents on behalf of the LRP. An Approved Signatory cannot be a contractor or consultant.

A **Data Submitter** is any individual authorized by the LRP to enter data into SMARTS on behalf of the LRP. A data submitter may be other employees, contractors, labs, etc. A data submitter cannot certify the Annual Report.

To register as an LRP and identify Approved Signatory(ies) or Data Submitter(s), you must have a user account. Upon receipt of this Authorization Form, Water Board staff will email instructions on how to register for SMARTS, a Secret Code Number (SCN), how to link WDID number(s), Approved Signatories or Data Submitters to your account.

One authorization form per WDID number is required. Mail the authorization form to:

**SMARTS Registration  
P.O. Box 1977  
Sacramento, CA 95812**

If you have any questions please contact us at 1-866-563-3107 or email [smarts@waterboards.ca.gov](mailto:smarts@waterboards.ca.gov).

## SMARTS LRP AUTHORIZATION FORM

### **Operator Information** (please print clearly)

Name: \_\_\_\_\_

PREFIX, FIRST, MIDDLE, LAST.

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

The Water Board will use this email address to send registration information

### **Facility Information** (please print clearly)

WDID: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## **APPROVED SIGNATORY AND DATA SUBMITTER(S) IDENTIFICATION**

### **Approved Signatory** (please print clearly)

1. Approved Signatory

Person Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Approved Signatory

Person Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Data Submitter Information** (please print clearly)

1. Data Submitter

Person Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Data Submitter

Person Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Data Submitter

Person Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

4. Data Submitter

Person Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

5. Data Submitter

Person Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

6. Data Submitter

Person Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Legally Responsible Person Signature:**

I certify that I am the legally authorized representative for the facility listed below. My signature on this form also certifies that my SMARTS user ID and password constitute my electronic signature and any information I indicate I am electronically certifying contains my signature. I understand that I am legally bound, obligated, or responsible by use of my electronic signature as much as by a hand-written signature. I agree, on behalf of myself and the facility identified above to be bound by its terms.

I agree to protect my electronic signature from unauthorized use, and I will contact the Water Board, within 24-hours of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify my electronic signature is for my own use, will keep it confidential, and will not delegate or share with any other person.

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed form to:

**SMARTS Registration  
P.O. Box 1977  
Sacramento, CA 95812**