

CROMERR Application Cover Sheet

Non-Federal: State Environmental Agency Tribe Local Government Agency

Federal: EPA Program Proposal EPA Program Conformance Plan

Please do not use acronyms when completing this form

Primary Contact Information			
First Name:	Last Name:	Position:	Agency:
Mailing Address (Street Address, Mail Code/Suite, City, State, Zip Code):		E-mail:	Primary Phone:
		Fax:	Secondary Phone:

Secondary Contact Information			
First Name:	Last Name:	Position:	Agency:
Mailing Address (Street Address, Mail Code/Suite, City, State, Zip Code):		E-mail:	Primary Phone:
		Fax:	Secondary Phone:

This application requests modification/revision of the following authorized program(s):

40 CFR Part	Authorized Program Title
For example: 40 CFR Part 142 - National Primary Drinking Water Regulations Implementation authorized program <i>*Be sure all of the associated reports listed on page 2 of the Application Cover Sheet/included in the application are covered under one of the authorized programs listed above.</i>	

This application addresses/includes (check or complete all that apply):

- Priority Reports
 Non-Priority Reports
 New Systems
 Existing Systems
 The OEI CROMERR application checklist is used for this application

Number of systems addressed in this application

Certifying Official			
<input type="checkbox"/> Certification of sufficient legal authority to implement electronic reporting by:			
First Name:	Last Name:	Title:	Certification Date:
<input type="checkbox"/> Copies of relevant laws and regulations establishing legal authority are included			