

County of Santa Clara
Department of Environmental Health
Hazardous Materials Compliance Division (HMCD)
Hazardous Materials Program
 1555 Berger Drive, Suite 300
 San Jose, CA 95112-2716
 (408) 918-3400; Fax (408) 280-6479
 www.EHinfo.org/hazmat



Agency Use Only	
Forwarded to:	<input type="checkbox"/> MFD <input type="checkbox"/> MVFD <input type="checkbox"/> PAFD <input type="checkbox"/> SCCFD
Review by:	_____
Request:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____
Comments:	_____ _____

FRONTCOUNTER BUSINESS USER AUTHORIZATION FORM
 FrontCounter.sccgov.org

For use in all areas of Santa Clara County other than in the cities of Gilroy, Santa Clara, and Sunnyvale

BUSINESS OWNER NAME [Legal name of individual(s),partnership, corporation, LLC, or LLP]			OWNER PHONE
OWNER MAILING ADDRESS	CITY	STATE	ZIP CODE

Read the following and initial each of the boxes:

- Initial** I am either the owner of the business that operates the facilities listed on this form, or an in-house employee authorized by the owner's senior corporate or agency management to certify electronic data submittals via FrontCounter.
- I am aware that users have the ability to add or remove access rights of other users in my organization, including me, and I understand that any contractors and consultants given access will have the same user rights.

SIGNATURE	NAME OF SIGNER (print)	DATE SIGNED
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TITLE OF SIGNER	PHONE NUMBER OF SIGNER	E-MAIL ADDRESS OF SIGNER
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For signer: I want to be a FrontCounter user I do NOT want to be a FrontCounter user

The following persons are hereby authorized to access records for the facilities identified on the following page. Users will be responsible for adding any other authorized users on my behalf. *It is strongly recommended that businesses have at least two users.*

NAME OF AUTHORIZED USER	TITLE
EMAIL ADDRESS	PHONE NUMBER
NAME OF AUTHORIZED USER	TITLE
EMAIL ADDRESS	PHONE NUMBER
NAME OF AUTHORIZED USER	TITLE
EMAIL ADDRESS	PHONE NUMBER

