Authorization of IRIS Security Administrator Account – Form

Instructions:

1. Complete **all sections** of the form, incomplete forms will be rejected and returned.
2. Review the *IRIS Terms and Conditions of Use*.
3. Submit completed form to ER.ServiceDesk@gov.sk.ca.
4. Applications submitted with any missing mandatory fields will be rejected.

Ministry of Energy and Resources
610 – 1945 Hamilton Street
Regina, SK S4P 2C7
ER Service Desk: 1-855-219-9373

NOTE**: Mineral Rights Tax (MRT) Users may delegate to the Ministry of Energy and Resources as their Security Administrator. To request delegation, please download Mineral Rights Tax (MRT) Delegation of Security Administration (SA) Account form and complete the Instructions.* ***Do not complete this form.

*Mandatory fields: Fields marked with this symbol * must be completed on* ***both pages.***

***This authorization for IRIS Security Administrator (SA) is for a:**

☐ Company ☐ Individual ☐ Joint Title Holder

***Business Associate (BA) Information:**

If you do not have a Business Associate Identifier (BA ID), complete and submit the *Requesting a Business Associate Identifier (BA ID) for Saskatchewan* application form on Petrinex.

*BA ID (5 digits): _____

*BA Legal Name: _____

*Mailing Address: _____ *City: _____

*Province/State: _____ *Postal/Zip Code: _____

***Contact Person Information:**

This contact person will also be the designated representative for any joint title holders.

*Last Name: _____ *First Name: _____

*Title: _____

*Phone: _____ *Email: _____

***Reason for Access (select one)**

☐ Industry work – invoicing, waivers, applications/submissions related to wells, facilities, and pipelines, dispositions, service provider, licensee, permittee, designated representative, etc.
☐ Acknowledgement of Reclamation work (AOR)
☐ Rural Municipality
☐ Public View (Educational Institution Research or Other Non-Commercial Research)
☐ Government Agency
☐ Mineral Rights Tax (MRT)

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***Security Administrator Information (You must provide at least one Security Administrator however, two is recommended)**

*Last Name:_____ *First Name: _____

*Office Phone:_____ *Cell Phone:_____

*Email:_____

Last Name:_____ First Name: _____

Office Phone:_____ Cell Phone:_____

Email:_____

***DECLARATION BY BUSINESS ASSOCIATE**

I/We, the undersigned, hereby declare and acknowledge that:

- My appointed security administrator will have full access to my corporate data on IRIS;
- I am responsible for all actions performed on IRIS on my behalf by users and the Security Administrator;
- I have the authority to sign this document on behalf of the Business Associate, and I may be liable to criminal prosecution for providing false or misleading information or for the inappropriate use of IRIS;
- The Ministry of Energy and Resources can verify any information or documents provided in this authorization;
- I will notify the Ministry of any changes to my information and any information or documents provided in this authorization;
- If the Security Administrator or business users are no longer authorized to act on my behalf, I will immediately take steps to deactivate access by the user or Security Administrator to my account;
- I have read, understand and agree to the IRIS terms and conditions for use; and,
- The information provided in this application is true and complete.

*Authorized by (Print Name): _____

*Title:_____

*Phone:_____ *Email:_____

_____ _____

*Signature (Original or Digital) *Date

Authorized by (Joint Title Holder) (Print Name): _____

Title:_____

Phone:_____ Email:_____

_____ _____

Signature (Original or Digital) Date