

Authorization of IRIS Security Administrator Account

NOTE: Mineral Rights Tax (MRT) Users may delegate 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.**

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.

*Mandatory fields

*This authorization for IRIS Security Administrator Account 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: _____

*BA Legal Name: _____

*Mailing Address: _____ * City: _____

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

*Email: _____

Contact Person Information

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

*Last Name: _____ *First Name: _____

*Title: _____ *Email: _____

* Phone: _____

*Reason for Access (select one)

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

Security Administrator Information

*Last Name: _____ *First Name: _____

*Office Phone: _____ *Cell Phone: _____

*Email: _____

Additional Security Administrator Information *(recommended)*

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 will inform the Security Administrator of his/her responsibilities;
- 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;
- 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