



## Request for ECMS Business Partner Log In Credentials E-Permitting ONLY

**NOTE: Please provide complete information. Incomplete applications will delay processing of business partner credentials.**

<b>Company Name:</b>		<b>Date Submitted:</b>	
<b>Applicant Last Name:</b>		<b>Applicant First Name:</b>	
<b>Applicant Signature:</b>			
<b>Applicant Title:</b>		<b>Business Phone:</b>	
<b>Business Address:</b>		<b>Federal ID Number:</b>	
<b>City, State, Zip Code</b>			
<b>Applicant E-Mail Address:</b>			

<b>Check here</b>	<b>Role Requested</b>
<input type="checkbox"/>	E-Permitting Business Partner SECURITY ADMINISTRATOR
<b>This role has the ability to create users for their organization and grant one or more of the following two roles.</b>	
<input type="checkbox"/>	Applicant (Applicant, Co-Applicant, Engineering Firm)
<input type="checkbox"/>	Business Partner Read-Only

**PLEASE E-MAIL COMPLETED APPLICATION TO:**  
[\*\*RA-pdECMDSecurity@pa.gov\*\*](mailto:RA-pdECMDSecurity@pa.gov)

**ECMD Use Only:**

**Entered By:** \_\_\_\_\_

**Entered Date:** \_\_\_\_\_