



Air Quality System - User Registration



User Section

Type all known entries **before** printing.

First Name Initial Last Name

Agency Address

City County

State Zip Code E-Mail

Phone Fax

User Type (Check one) State Tribe EPA Regional Office Other Federal
 Local Contractor EPA Headquarters
 If none of these apply, contact epacallcenter@epa.gov

User Signature _____ Date 4/4/17

Agency Name	_____	Agency Code	_____					
AQS Contact Name	_____							
Phone Number	_____							
FAX Number	_____							
Screening Group Name(s) (If other than Read Only access requested)	_____							

Agency AQS Contact Signature _____ Date: _____

State/Tribe Section

*If this registration is for a local agency that needs State/Tribal approval, both the Agency and State/Tribal sections and Contact signatures must be provided. Otherwise, skip this section.

State/Tribe AQS Contact Signature _____ Date: _____

EPA Region Section

If you receive an AQS User Registration request , please forward the email request to AQS_Team@epa.gov