

Office of Surface Mining Application for E-Filing



Website: sscr.osmre.gov

You must submit a separate form for each Reporting Entity (company) you wish to register for electronic filing.

Company Name _____

Delivery Address (For FedEx). _____

Address cont'd _____

City _____

State, ZIP _____

Contact Name _____

Contact Phone _____

E-mail address _____

This computer system, including all related equipment, networks, and network devices (including Internet access), is provided by the Department of the Interior (DOI) in accordance with the agency policy for official use and limited personal use. All agency computer systems may be monitored for all lawful purposes, including but not limited to, ensuring that use is authorized, for management of the system, to facilitate protection against unauthorized access, and to verify security procedures, survivability and operational security. Any information on this computer system may be examined, recorded, copied and used for authorized purposes at any time. All information, including personal information, placed or sent over this system may be monitored, and users of this system are reminded that such monitoring does occur. Therefore, there should be no expectation of privacy with respect to use of this system. By logging into this agency computer system, you acknowledge and consent to the monitoring of this system. Evidence of your use, authorized or unauthorized, collected during monitoring may be used for civil, criminal, administrative, or other adverse action. Unauthorized or illegal use may subject you to prosecution.

I acknowledge receipt of the user identification and password and understand that I am responsible for the protection of this information. I understand that I am responsible for any transactions made with the use of my identification and password and will not divulge them to anyone. If I know or suspect that my identification or password has been misused, divulged, or compromised, I will report this immediately to OSMRE at 1-800-799-4265.

Company Authorizing Signature _____
Date

Printed Name _____
Phone Number

Note: Applicant Company must complete all items. Any blanks will be cause for application rejection.

Please complete and mail to: Office of Surface Mining Reclamation and Enforcement
Attn: Fees Collection Branch
P.O. BOX 25065
Lakewood, CO 80225-0065
Contact: 1-800-799-4265 Fax: 303-236-6057 Must mail original signatures also.

For OSM use only

User ID Assigned: _____	Reporting Entity #: _____
Approved By: _____	Date Approved: _____
Account Created by: _____	Date Created: _____
Application Verified by: .. _____	Date Verified: _____