

Authorization of IRIS Security Administrator Account

Instructions:

1. Complete all sections of the form, incomplete forms will be rejected and returned.
2. Review and agree to the [IRIS Terms and Conditions of Use](#).
3. Review and understand the [IRIS Security Administrator Roles and Responsibilities Information Circular](#).
4. This authorization cannot be signed by the designated Security Administrator unless they are the owner/President of the company.
5. Save form as a PDF.
6. Submit completed form to er.support@gov.sk.ca.

This authorization for IRIS Security Administrator Account is for a:

Company Individual

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: _____

Contact Information

*Last Name: _____ *First Name: _____

*Title: _____

*Phone: _____ *Email: _____

Reason(s) for Access (select all that apply)

- Gain access to invoices
- Application submissions related to wells, facilities, waivers or petroleum and natural gas dispositions
- Applicant is a licensee, permittee, lessee or designated representative
- Applicant is a service provider to a licensee, permittee or lessee that directly supports their IRIS application submissions and reporting (please provide the type of service that is being provided)
- Non-commercial research (restrictions apply, please provide details)

**Mandatory fields*

Security Administrator Information

*Last Name: _____ *First Name: _____

*Office Phone: _____ *Cell Phone: _____

*Email _____

Back-Up Security Administrator Information *(recommended, but not required)*

*Last Name: _____ *First Name: _____

*Office Phone: _____ *Cell Phone: _____

*Email _____

DECLARATION BY BUSINESS ASSOCIATE

I, 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 Economy 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: _____

*Date: _____

* _____

Signature

**Mandatory fields*