



State Water Resources Control Board
Division of Drinking Water

Electronic Subscriber Agreement

REV 08/2021

Directions: Both Sections 1 & 2 must be filled out and completed. To complete the California Laboratory Intake Portal (CLIP) user registration process to become a data submitter, please print, sign, and mail this form to the following address:

SWRCB – Division of Drinking Water
CLIP Registration
1001 I Street, 17th Floor
Sacramento, CA 95814

For an agency where the Legally Responsible Official (LRO) is also requesting a user login to submit to CLIP, the LRO must complete both Sections 1 and 2.

1. Data Submitter Electronic Subscriber Agreement

Table with 2 columns and 12 rows: Print Name, Title/Role, Phone Number, E-mail Address, Street Address, City, State, Zip Code, Agency, ELAP Certification Number

I, _____, the undersigned, am hereby submitting this
Subscriber Agreement to the State Water Resources Control Board Division of Drinking Water (Division) that my username and password serve as an equivalent of my handwritten signature on all electronically submitted data, reports, documents, applications, files, and forms to CLIP. I hereby:

- a. Agree to protect my username and password from compromise and from use by any other party, including anyone who may be acting as my agent.
- b. Promptly report (within 24 hours after discovery) to the Division any evidence of the loss, theft, or other compromise user login information.
- c. Review and, if necessary, repudiate any electronic data, reports, documents, applications, files, and forms that may have been submitted to CLIP after this loss, theft, or compromise.
- d. Promptly review (within 24 hours after discovery), the acknowledgements (email and onscreen) and copies of submitted data using my login information.
- e. Promptly report (within 24 hours after discovery) evidence of discrepancy between any electronically submitted information certified and what was received by CLIP.
- f. Agree to notify the Division within ten working days if my duties change and I no longer need to interact with CLIP on behalf of my agency. I agree to make this known by notifying the Division's Data Management Unit at:
DDW-CLIP@waterboards.ca.gov

I understand that I shall be held as legally bound, obligated, and responsible by the user login information as by my handwritten signature.

Applicant Signature: _____ Date ____ / ____ / ____

2. Approval by a Legally Responsible Official (LRO) for the agency

Print Name	
Title/Role	
Phone Number	
E-mail Address	

I, _____, certify that I am a legally responsible official for
print name
 _____ . My signature on this form also authorizes a data
agency
 submitter account to be created within CLIP for the individual listed above for my agency. A data submitter account will allow this individual to submit data to CLIP for the agency. I certify that the above information is complete and correct. By signing this registration form, I agree, on behalf of myself and _____ to
agency
 be bound by its terms.

LRO Signature: _____ Date ____ / ____ / ____