

Authorization of IRIS Security Administrator Account – Form

Instructions:

1. Complete **all sections** of the form, incomplete forms will be rejected and returned.
2. Review the [IRIS Terms and Conditions of Use](#).
3. Submit completed form to ER.ServiceDesk@gov.sk.ca.
4. Applications submitted with any missing mandatory fields will be rejected.

Ministry of Energy and Resources
610 – 1945 Hamilton Street
Regina, SK S4P 2C7
ER Service Desk: 1-855-219-9373

NOTE: Mineral Rights Tax (MRT) Users may delegate to the Ministry of Energy and Resources as their Security Administrator. To request delegation, please download [Mineral Rights Tax \(MRT\) Delegation of Security Administration \(SA\) Account form](#) and complete the Instructions. **Do not complete this form.**

Mandatory fields: Fields marked with this symbol * must be completed on both pages.

***This authorization for IRIS Security Administrator (SA) is for a:**

Company

Individual

Joint Title Holder

*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 (5 digits): _____

*BA Legal Name: _____

*Mailing Address: _____ *City: _____

*Province/State: _____ *Postal/Zip Code: _____

*Contact Person Information:

This contact person will also be the designated representative for any joint title holders.

*Last Name: _____ *First Name: _____

*Title: _____

*Phone: _____ *Email: _____

*Reason for Access (select one)

Industry work – invoicing, waivers, applications/submissions related to wells, facilities, and pipelines, dispositions, service provider, licensee, permittee, designated representative, etc.

Acknowledgement of Reclamation work (AOR)

Rural Municipality

Public View (Educational Institution Research or Other Non-Commercial Research)

Government Agency

Mineral Rights Tax (MRT)



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***Security Administrator Information** (You must provide at least one Security Administrator however, two is recommended)

*Last Name: _____ *First Name: _____

*Office Phone: _____ *Cell Phone: _____

*Email: _____

Last Name: _____ First Name: _____

Office Phone: _____ Cell Phone: _____

Email: _____

*DECLARATION BY BUSINESS ASSOCIATE

I/We, the undersigned, hereby declare and acknowledge that:

- My appointed security administrator will have full access to my corporate data on IRIS;
- 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 Energy and Resources can verify any information or documents provided in this authorization;
- I will notify the Ministry of any changes to my information and any information or documents provided in this authorization;
- 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: _____

*Signature (Original or Digital)

*Date

Authorized by (Joint Title Holder) (Print Name): _____

Title: _____

Phone: _____ Email: _____

Signature (Original or Digital)

Date