

# Authorization of IRIS Security Administrator Account

## Instructions:

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

### \*Mandatory fields

\*This authorization for IRIS Security Administrator Account 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: \_\_\_\_\_

\*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 and facilities, dispositions, service provider, licensee, permittee, designated representative, etc.
- Acknowledgement of Reclamation work (AOR)
- Rural Municipality
- Educational Institution Research
- Other Non-Commercial Research
- Mineral Rights Tax (MRT)

\_\_\_\_\_  
\_\_\_\_\_

## Security Administrator Information

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_

\*Office Phone: \_\_\_\_\_ \*Cell Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_

## Additional Security Administrator Information *(recommended)*

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 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 Energy and Resources 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: \_\_\_\_\_

\_\_\_\_\_  
\*Signature (Original or Digital)

\_\_\_\_\_  
\*Date

Authorized by (Joint Title Holder) (Print Name): \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature (Original or Digital)

\_\_\_\_\_  
Date