

LEPC Member Application

STATE EMERGENCY RESPONSE COMMISSION



New LEPC members are to submit this form to the State Emergency Response Commission (SERC) at least 10 business days prior to the next regular scheduled meeting of the SERC. The form must be completed in its entirety or it will be sent back for resubmission. The form must be signed by the LEPC chairperson and by doing so the LEPC attests to the character and intent of the new member.

LEPC _____ County (for regional LEPCs) _____

Last Name _____ First Name _____

Employer/Organization _____
Organization to be represented (e.g. volunteer fire department, CERT) if other than employer

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____

E Mail _____

Occupation/Organizational Position _____
Position in organization (e.g. fire chief, EMS captain, safety officer) if not place of regular employment

Representing _____
Affiliated group (e.g. industry, firefighters, law enforcement, public health, media, community organizations)

Please note that the membership term will begin on the date of approval by the SERC and will automatically expire two years after the SERC approval date.

Based upon the character, interest and expertise, the above named person is recommended to the SERC for membership in the above named LEPC.

Signature of LEPC Chair

Date

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