

LOCAL EMERGENCY PLANNING COMMITTEE
INDIVIDUAL APPLICATION FORM FOR MEMBERSHIP ON LEPC

(Please type or print legibly)

LEPC name: _____

Applicant name: _____

Mailing address: _____

Residence address: _____

Day phone: _____ Home Phone (optional): _____

Where employed: _____ Job title: _____

LEPC category/seat that applicant seeks: _____

New applicant _____ Renewal _____ Regular member _____ Alternate member _____

Qualifications for this category: _____

Organizations in which applicant participates (that are pertinent to the application): _____

(Please provide enough information to demonstrate an applicant's eligibility or suitability for a particular seat on the LEPC. For the Public At Large position, please state whether an applicant qualifies for any other category on the LEPC.)

I hereby certify that the above information is correct and that I have not misrepresented myself.

Signature

Date

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