



LEPC Membership Application

To express interest in serving on a Local Emergency Planning Committee, complete this LEPC Member Application Form and submit it to the LEPC you wish to join.

LEPC Membership Application	
Name of LEPC	
Applicant's First Name	
Applicant's Last Name	
Applicant's Mailing Address	
City	
State	ZQAO[a^AA
Phone	009 AA
E-mail	
Company/Agency Name	
Department Name/Title	
Please indicate the categories you are qualified to represent	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> State and Local Officials <input type="checkbox"/> Local Environmental Groups <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Hospital <input type="checkbox"/> First Aid or Emergency Medical Service <input type="checkbox"/> Community Groups <input type="checkbox"/> Owners / Operators subject to file a Tier 2 Report [29 IAC 620.90(a)] </div> <div style="width: 50%;"> <input type="checkbox"/> Local Government ESDA <input type="checkbox"/> Transportation <input type="checkbox"/> Fire Fighting <input type="checkbox"/> Broadcast & Print Media <input type="checkbox"/> Health </div> </div>
Additional Comments	
Signature & Date	

After completing the LEPC Member Application, please send it to the LEPC you wish to join.

This Section to be Completed by LEPC Chair	
<input type="checkbox"/> Membership application accepted and approved. <input type="checkbox"/> Membership application denied.	
Comments:	
Signature of LEPC Chair:	Date: