

STATE OF MAINE
LOCAL EMERGENCY PLANNING COMMITTEE
INDIVIDUAL APPLICATION FORM FOR MEMBERSHIP ON LEPC

NAME OF LEPC: _____

Applicant name: _____

Mailing address: _____

Residence address: _____

Day phone: _____ Home Phone (optional): _____

Where employed: _____ Job title: _____

LEPC category/seat that applicant will fill: _____

Qualifications for this category: _____

(Please provide enough information to demonstrate an applicant's eligibility or suitability for a particular seat on the LEPC.)

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

Signature

Date

Date approved by LEPC

LEPC Chair or designee signature

Date approved by SERC

SERC Chairman signature