



Arizona Emergency Response Commission

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Janice K. Brewer, Governor

Louis B. Trammell, Chair
Mark Howard Executive Director

LEPC MEMBER APPLICATION FORM

NAME OF LEPC: GILA COUNTY LOCAL EMERGENCY PLANNING COMMITTEE

NAME OF LEPC APPLICANT: _____ DATE: _____

PLEASE PLACE A CHECK IN THE APPROPRIATE GROUP BELOW:

- GROUP I:** Elected State and Local Officials
- GROUP II:** Law Enforcement, Civil Defense, Emergency Management, Firefighting, Emergency Medical, First Aid, Local Environmental, Hospital and Transportation
- Group III:** Broadcast, and Print Media
- Group IV:** Community Groups
- Group V:** Owners and Operator of Facilities subject to the Requirement of EPCRA

INSTRUCTIONS:

The following steps will take place in regards to applicants to an LEPC

The applicant will proceed to the Arizona Emergency Response Commission website: WWW.AZSERC.ORG and download the fill able PDF LEPC Applicant Form

The applicant will complete the form and send it to the Coordinator of the appropriate County LEPC

Upon receipt of the application, the LEPC Coordinator will review the application

At the next scheduled meeting of the County LEPC, the applications(s) as well as the applicant will be presented to the full LEPC

At this time the applicant will give a brief introduction about themselves and the LEPC may then ask question necessary of the applicant

A vote of the full LEPC will then be taken for each applicant and upon receipt of a majority vote for the position, the application will then be marked approved by the Coordinator

The Coordinator will then submit a copy of the original application(s) as well as the NOTICE OF LEPC APPOINTMENT, RESIGNATION, OR REMOVAL FORM to the AZSERC

Upon the receipt of the application(s), the Executive Director will review each application(s) and may give interim approval until the next full meeting of the Commission at which time a vote will be taken for the LEPC Appointment, Resignation, or Removals

If a majority to the positive is received, then the application shall be considered approval for the LEPC Membership

LEPC MEMBER APPLICATION FORM, continued

NAME:		TITLE:	
ORGANIZATION:			
ADDRESS:			
CITY:	COUNTY:	ZIP CODE:	
PHONE:		FAX:	
E-MAIL:		APPROVED BY SIGNATURE:	
		_____ FAXED: <input type="checkbox"/> MAILED: <input type="checkbox"/> SCANNED: <input type="checkbox"/>	
REASON FOR JOINING:			
LEPC ACTION ONLY:			
Approval Granted, Coordinator Signature:		Date:	