



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 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: _____	