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 appl LEPC.)	licant's eligibility or suitability for a particular seat on the
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