ILLINOIS EMERGENCY MANAGEMENT AGENCY

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	ZIP Code
Phone	FAX
E-mail	
Company/Agency Name	
Department Name/Title	
Please indicate the categories you are qualified to represent	☐ State and Local Officials ☐ Local Government ESDA ☐ Local Environmental Groups ☐ Transportation ☐ Law Enforcement ☐ Fire Fighting ☐ Hospital ☐ Broadcast & Print Media ☐ First Aid or Emergency Medical Service ☐ Community Groups ☐ Health ☐ Owners / Operators subject to file a Tier 2 Report [29 IAC 620.90(a)]
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
☐ Membership application accepted and approved. ☐ Membership application denied. Comments:
Signature of LEPC Chair: Date:

Send <u>approved</u> applications to Illinois Emergency Management Agency.

Attn: BRS HazMat Unit, 1035 Outer Park Drive, Springfield, IL 62704-4462