

**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