

# LEPC Member Application

## STATE EMERGENCY RESPONSE COMMISSION



New LEPC members are to submit this form to the State Emergency Response Commission (SERC) at least 10 business days prior to the next regular scheduled meeting of the SERC. The form must be completed in its entirety or it will be sent back for resubmission. The form must be signed by the LEPC chairperson and by doing so the LEPC attests to the character and intent of the new member.

LEPC \_\_\_\_\_ County (for regional LEPCs) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Employer/Organization \_\_\_\_\_  
*Organization to be represented (e.g. volunteer fire department, CERT) if other than employer*

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E Mail \_\_\_\_\_

Occupation/Organizational Position \_\_\_\_\_  
*Position in organization (e.g. fire chief, EMS captain, safety officer) if not place of regular employment*

Representing \_\_\_\_\_  
*Affiliated group (e.g. industry, firefighters, law enforcement, public health, media, community organizations)*

Please note that the membership term will begin on the date of approval by the SERC and will automatically expire two years after the SERC approval date.

Based upon the character, interest and expertise, the above named person is recommended to the SERC for membership in the above named LEPC.

\_\_\_\_\_  
Signature of LEPC Chair

\_\_\_\_\_  
Date

Scan and send the completed and signed forms to the SERC at [SERC@nebraska.gov](mailto:SERC@nebraska.gov)