



La Paz County Local Emergency Response Committee

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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

- Request an "LEPC Applicant Form" from the County LEPC Office
- The applicant will complete the the form and send it to the Coordinator of the 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

LEPC MEMBER APPLICATION FORM, *continued*

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| 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: | |