

\_\_\_\_\_ **County Local Emergency Planning Committee (LEPC)**  
**Application for LEPC Appointment**

**Term: August 15<sup>th</sup>, 2013 thru August 14<sup>th</sup>, 2015**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Discipline Represented:**

- |   |  |
|---|--|
| <input type="checkbox"/> Fire                 | <input type="checkbox"/> Health          |
| <input type="checkbox"/> Law                  | <input type="checkbox"/> Environmental   |
| <input type="checkbox"/> Elected Official     | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Media           |
| <input type="checkbox"/> Hospital             | <input type="checkbox"/> Community Group |
| <input type="checkbox"/> First Aid            | <input type="checkbox"/> Industry        |
| <input type="checkbox"/> Other                |  |

\_\_\_\_\_

**LEPC Officer:**

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Information Coordinator | <input type="checkbox"/> Chairperson | <input type="checkbox"/> Vice-Chairperson |
| <input type="checkbox"/> Emergency Coordinator   | <input type="checkbox"/> Secretary   |   |

**Brief Description of Qualification(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
County Commissioner Signature

\_\_\_\_\_  
Date

**State Emergency Response Commission  
PO Box 1049  
Columbus, OH 43216-1049**