



State of Oregon

State Emergency Response Commission

Advisory Board

LOCAL EMERGENCY PLANNING COMMITTEE MEMBER APPLICATION

Submit completed application to:

Oregon SERC Advisory Board
4760 Portland Rd. NE
Salem OR 97305-1760

Questions? Phone: (503) 934-8219

LEPC for which you are applying for membership _____

Preferred Mailing: Business: ___ Home: ___ Preferred Title: Mr. ___ Mrs. ___ Ms. ___ Miss. ___

First Name: _____ M. I.: _____ Last Name: _____

Business Title/Position: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: (____) _____ Business Email: _____

Home Address: (Optional) _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Home Email: _____

Check the Discipline you will be representing:

- | | | |
|---|---|--|
| <input type="checkbox"/> Elected State/Local Official | <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Firefighting | <input type="checkbox"/> Health |
| <input type="checkbox"/> Local Environment | <input type="checkbox"/> Hospital | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Broadcast/Print Media | <input type="checkbox"/> Community Group | <input type="checkbox"/> HazMat facility |
| <input type="checkbox"/> Public Works | <input type="checkbox"/> Public At Large | <input type="checkbox"/> Other _____ |

I will accept appointment if selected by the State Emergency Response Commission and if appointed; I pledge my best efforts to resolve, before assumption of office, any conflicts of interest that would be inconsistent with my responsibilities as an appointee.

I authorize the State Emergency Response Commission to conduct any background check deemed necessary for this appointment.

Signature: _____ Date: _____