



State of Oregon

State Emergency Response Commission

LOCAL EMERGENCY PLANNING COMMITTEE MEMBER APPLICATION

Submit completed application to:

The LEPC to which you are applying for membership and,

State Emergency Response Commission
Office of State Fire Marshal
3565 Trelstad Ave SE
Salem OR 97317-9614

Email: OR_SERC@state.or.us

FAX: 503-373-1825

Please print clearly

LEPC to which you are applying for membership _____

Select the discipline(s) you are representing: *(more than one may apply)*

Elected Official	Emergency Management	Law Enforcement
Emergency Medical Services	Fire Service	Public Health
Environmental	Hospital	Transportation
Broadcast/Print Media	Community Group	HazMat facility
Public Works	Public at Large	Other _____

Name of Company / Organization / Agency you are representing: _____

Applicant Name: _____ Preferred Title: Mr. ___ Mrs. ___ Ms. ___ Miss. ___

Applicant Signature: _____ Date: _____

Please provide an address where you would prefer to receive mail related to the SERC and LEPC.

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Email: _____ *(not required)*