

ANCHORAGE LOCAL EMERGENCY PLANNING COMMITTEE

INDIVIDUAL APPLICATION FORM FOR MEMBERSHIP ON LEPC

(Please type or print legibly)

Applicant name: _____

Mailing address: _____

Residence address: _____ City _____ Zip _____

Email address(s): _____

Day phone: _____ Cell Phone: _____ Home Phone (optional): _____

Employer: _____ Job title: _____

Please provide sufficient information in the space provided below to demonstrate eligibility or suitability for a particular position on the LEPC. For the Members of the public not described in the other categories, please state whether you qualify for any other category listed here.

Categories: Elected official; Law enforcement, civil defense, fire-fighting, first aid, health, local environmental, hospital, or transportation; Broadcast or print media; Community groups; Owners and operators of facilities subject to the requirements of 42 USC 11001-11005; Representatives of local inter-jurisdictional disaster planning and service area if one has been established; Members of the public not described in the categories above.

LEPC category/seat that applicant seeks: _____

New applicant _____ Renewal _____ Primary member _____ Alternate member _____

Qualifications for this category:

Organizations in which applicant participates (that are pertinent to the application):

(Please provide enough information to demonstrate an applicant's eligibility or suitability for a particular seat on the LEPC. For the Public At Large position, please state whether an applicant qualifies for any other category on the LEPC.)

I hereby certify that the above information is correct and that I have not misrepresented myself.

Signature _____

Date _____

When complete please scan & email to andrew.preis@anchorageak.gov and forward original to LEPC, 1305 E St, Anchorage AK 99501