

ANNUAL REGISTRATION FEE FORM
FOR SINGLE STATIONARY SOURCE

FLORIDA STATE EMERGENCY RESPONSE COMMISSION

Please type or print in black ink

Owner/Operator Information

Owner/Operator Name: _____

Owner/Operator Address: _____

Owner/Operator Telephone: (____) _____

Facility Name: _____

Facility Address: _____

Facility Telephone: (____) _____

U. S. Environmental Protection Agency's Facility Identifier #: _____

Federal Employer ID #: _____

Stationary Source Information

Latitude: _____ Longitude: _____

Standard Industrial Classification (S.I.C.) or
 North American Industry Classification System (N.A.I.C.S.): _____

Highest Program Level for This Stationary Source: 1 2 3 (check one)

Regulated Substance(s) in Highest Program Level Process:

Name: _____

C.A.S.#: _____

Payment Information

Representative: _____
 (Name and title of owner or operator's authorized representative)

Representative Address: _____

Representative Telephone: _____

Amount tendered: \$_____ Check/Money Order Number: _____

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this form, and that based upon my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Name: _____
 (Printed name of owner or operator's authorized representative)

Signature: _____ Date: _____
 (Signature of owner or operator's authorized representative)

Remittance Instructions

Make checks or money orders payable to: CASHIER, DEPARTMENT OF COMMUNITY AFFAIRS. (Do not send cash)

Submit to: STATE EMERGENCY RESPONSE COMMISSION (S.E.R.C.)
2555 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-2149

For Questions: Please call the S.E.R.C. @ (850)413-9970 or (800)635-7179 (Florida only)