

REPORTING YEAR: _____
ANNUAL REGISTRATION FEE FORM
FOR SINGLE SOURCE (Unless you file/pay through E-Plan)

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 (circle 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 **(Unless you file/pay through E-Plan):**
CASHIER, Division of Emergency Management.

(Do not send cash)
Submit to: STATE EMERGENCY RESPONSE COMMISSION (S.E.R.C.)
2555 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-2100

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