To make an online TRI payment, do the following:

1.) Go to: https://erplan.net/eplan/home.htm
2.) Login using your Access ID & Password:
3.) Click on the “2017” tab;
4.) At the “2017 Online Filing Home” screen, click on “Invoice for 2017” (upper middle part of screen);
5.) At the Invoice screen, click on the “HERE (FL TRI REG” button;
6.) Fill out the Toxic Chemical Release Inventory (TRI) registration form;
7.) Enter the number of Form R reports as well as the number of Form A chemicals (enter zero if none are reported).
8.) Then click on the “Calculate” tab to get the total owed;
9.) Then click on “Submit”;
10.) At the next screen, click on the “Here” tab – will be directed to the Bank of America payment screen.
E-Plan - Emergency Response Information System

<table>
<thead>
<tr>
<th>FIRST RESPONDERS</th>
<th>Online Tier2 eSubmit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal, State, and Local Government Personnel</td>
<td>Tier II Submitters, Facility Managers, and Business Owners</td>
</tr>
</tbody>
</table>

Click here to log in with your assigned Access ID and Password
Click on the “2017” tab

<table>
<thead>
<tr>
<th>ENTER NEW DATA/ RETRIEVE OLD DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use this function to enter data for a new year or update data to a year already submitted.</td>
</tr>
</tbody>
</table>

- Select Tier II data: Select Filing Year
- Select Filied Years: 2017, 2016

<table>
<thead>
<tr>
<th>COPY DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use this function to copy data from a submitted year to any year up to the current filing year.</td>
</tr>
</tbody>
</table>

**Note:**
Copy function will transfer all previously filed Tier II data and site plans.

<table>
<thead>
<tr>
<th>IMPORT TIER2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use this function to import an existing Tier II zip, Tier II '02, or CAMEO '2 zip file.</td>
</tr>
</tbody>
</table>

- Note that the Tier II '02 or Tier II '2 file should contain up to ten (10) data files named '1' through '10'. The '02' file should contain 16 data files.
- These data files should have comma-separated values and 'zip' file extension or 'dat' file extension and 'zip' file extension.
## 2017 Online Filing Home

* Federal requirements include: Owner / Operator (name, mail address, phone & email); Emergency Contact (name & 2 phone numbers, one of which must be 24-hour); Tier II Information

Following is the submitted facility information

![Facility Information](https://example.com/facility_info.png)

**Company Name**
- Contact Information
  1. **Emergency Contact**  
  2. **Owner / Operator**
  3. **Tier II Information Contact**
- Chemical Information
  1. TOLUENE
  2. XYLENE (MIXED ISOMERS)

**Important:** On Completion of data entry please click on "Validate Record" to finalize filing

![Validate Record](https://example.com/validate_record.png)

![First Responder View](https://example.com/firstResponder_view.png)
Click here on "FL TRI Reg" for Florida TOXIC CHEMICAL RELEASE INVENTORY (TRI) ANNUAL REGISTRY.
Enter the # of Form R reports as well as Form A to Calculate fee (enter zero if non are reported). Hit submit and it will take you to the Bank of America site for payment.
Online Payment

Please click Here to process an online payment.
### Enter Payment Information

Your account details are shown below. Please enter details of the payment you want to make, and then select Continue to proceed.

**Retrieved Account Details**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Number</td>
<td>1030631</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

**Funding Source Details**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment Method</td>
<td>Card Account</td>
</tr>
<tr>
<td>Name on Card</td>
<td></td>
</tr>
<tr>
<td>Card Number</td>
<td></td>
</tr>
<tr>
<td>Expiry Date</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(mm/yy)</td>
</tr>
<tr>
<td>Card CVV No</td>
<td></td>
</tr>
</tbody>
</table>

*What Is this?*
Enter Payment Details

Address Line 1*: 

Address Line 2: 

City*: 

State*: -Select- 

Country*: USA Please enter your Country 

Zip*: 

Payment Details

Payment Date: 10/18/2017

Payment Amount*: ○ Current Balance ($2,000.00) This is Current Balance as of today

 ○ Minimum Payment Amount Due ($2,000.00) This is the Minimum Amount Due based on your statement

 ○ Payment Amount Past Due ($0.00) This is the Past Amount Due based on your statement

 ○ Current Statement Balance Amount ($2,000.00) This is Current Statement Balance based on your statement

Your Account will not be charged until the Payment is confirmed on the next page

Cancel Continue