

**FLORIDA STATE EMERGENCY RESPONSE COMMISSION (SERC)
SECTION 302 EMERGENCY PLANNING NOTIFICATION AND FEE FORM**

Reporting Year _____

Facility (required)	Owner or Operator Information (required)
Facility Name	Title
Facility Address	Name
City State Zip	Address
Latitude Longitude	City State Zip
Email Phone Number	Email
Chemical Name	Phone Number
NAICS Code CAS Number	Federal Employer Identification (FEI) Number
Max amount present at one time in Pounds SERC Number (If Known)	Dun & Bradstreet Number

This is a notification that the facility has one or more Extremely Hazardous Substances at or about the Threshold Planning Quantity

FILING FEE: Onetime filing fee for Life of Facility, unless change in ownership

Number of Section 302 facilities (statewide): _____ X \$50.00 =\$ _____	
Check Number -	Total Submitted - \$

Make checks or money orders payable to: **Florida Division of Emergency Management**. (Please do not send cash). Submit payment with this form to the following address: **See website below for electronic payment instructions**

**State Emergency Response Commission
2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100**

Telephone (850) 413-9970 or (800) 635-7179 (Florida only)
Web Site: <http://floridadisaster.org/Hazmat/>

Additional 302/303 Facility and/or Chemicals

Facility (required)			Facility (required)		
Facility Name			Facility Name		
Facility Address			Facility Address		
City	State	Zip	City	State	Zip
Latitude	Longitude		Latitude	Longitude	
Email	Phone Number		Email	Phone Number	
Chemical Name			Chemical Name		
NAICS Code	CAS Number		NAICS Code	CAS Number	
Max amount present at one time in Pounds	SERC Number (If Known)		Max amount present at one time in Pounds	SERC Number (If Known)	
Facility (required)			Facility (required)		
Facility Name			Facility Name		
Facility Address			Facility Address		
City	State	Zip	City	State	Zip
Latitude	Longitude		Latitude	Longitude	
Email	Phone Number		Email	Phone Number	
Chemical Name			Chemical Name		
NAICS Code	CAS Number		NAICS Code	CAS Number	
Max amount present at one time in Pounds	SERC Number (If Known)		Max amount present at one time in Pounds	SERC Number (If Known)	
Facility (required)			Facility (required)		
Facility Name			Facility Name		
Facility Address			Facility Address		
City	State	Zip	City	State	Zip
Latitude	Longitude		Latitude	Longitude	
Email	Phone Number		Email	Phone Number	
Chemical Name			Chemical Name		
NAICS Code	CAS Number		NAICS Code	CAS Number	
Max amount present at one time in Pounds	SERC Number (If Known)		Max amount present at one time in Pounds	SERC Number (If Known)	