

**FLORIDA STATE EMERGENCY RESPONSE COMMISSION (SERC)
CONSOLIDATED ANNUAL REGISTRATION FORM**

I. OWNER / OPERATOR INFORMATION

Reporting Year _____

Company Name		
Business mailing address (Street or P.O. Box)		
City	State	Zip Code
Federal Employer Identification (FEI) No. _____ - _____ - _____		
SIC Code _____	NAICS Code _____	Telephone No. (_____) - _____
Contact person	Title	

II. FACILITY INFORMATION (To list additional facilities, please see attached form)

Facility Name (if different from company)		
Physical Address (Street only)		
City	County	LEPC District
Latitude	Longitude	Section 302 facility: Yes / No (please circle one)

III. REGISTRATION FEE (Applies to non-governmental facilities only) (Choose only **ONE** option)

A. Industries regulated by the Department of Environmental Protection for storage tanks (s.376.303, F.S.) or by the Department of Agriculture and Consumer Services (Chap.527, F.S.) or by the Public Service Commission for gas transmission and distribution lines (Chap. 368, F.S.) are subject to the following fee (facilities with Extremely Hazardous Substances at or above Threshold Planning Quantity are not eligible for this option): Number of employees (statewide) _____ X \$2.50 = _____. (As of December of the reporting year) (Minimum \$25, Maximum \$500)	
OR	
B. Agricultural facilities (see Rule Chapter 27P-14.002(2), FAC, for definition): Number of employees (statewide) _____ X \$10.00 = _____. As of _____ (Month) (Minimum \$25, Maximum \$1,000)	
OR	
C. All Others: Number of employees (statewide) _____ X \$10.00 = _____. (As of December of the reporting year) (Minimum \$25, Maximum \$2,000)	
Check Number -	Total Submitted - \$

DUE DATE: MARCH 1 OF EACH YEAR

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:

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://hazmat.floridadisaster.org>

CONSOLIDATED ANNUAL REGISTRATION FORM (cont.)

ADDITIONAL SECTION 302 AND / OR 312 FACILITIES

Facility Name		
Physical Address (Street only)		
City	County	LEPC District
Latitude	Longitude	Section 302 facility: Yes / No (please circle one)
Facility Name		
Physical Address (Street only)		
City	County	LEPC District
Latitude	Longitude	Section 302 facility: Yes / No (please circle one)
Facility Name		
Physical Address (Street only)		
City	County	LEPC District
Latitude	Longitude	Section 302 facility: Yes / No (please circle one)
Facility Name		
Physical Address (Street only)		
City	County	LEPC District
Latitude	Longitude	Section 302 facility: Yes / No (please circle one)
Facility Name		
Physical Address (Street only)		
City	County	LEPC District
Latitude	Longitude	Section 302 facility: Yes / No (please circle one)
Facility Name		
Physical Address (Street only)		
City	County	LEPC District
Latitude	Longitude	Section 302 facility: Yes / No (please circle one)
Facility Name		
Physical Address (Street only)		
City	County	LEPC District
Latitude	Longitude	Section 302 facility: Yes / No (please circle one)