

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

FLORIDA STATE EMERGENCY RESPONSE COMMISSION
 Please type or print in black ink

OWNER / OPERATER 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	Regulated Substance in Process	S.I.C. or N.A.I.C.S.	Highest Program Level
1.				
2.				
3.				

List all additional sources on the reverse side of this form.

Fee Calculation Instructions

See Fee Calculation Worksheet on the reverse side of this form to calculate annual fees.

Payment Information/Remittance Instructions

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)

Payment Information/Remittance Instructions

Make checks or money orders payable to **(Unless you file/pay through E-Plan): CASHIER, Florida Division of Emergency Management.** (Do not send cash)
 Submit to: STATE EMERGENCY RESPONSE COMMISSION
 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)

Note: Only one of the following sets of instructions may apply. If an owner owns stationary sources that have different program levels, the owner must file using form RMP-001.

Program Level 1:

If owner owns multiple Program 1 stationary sources, but each source has the **same single** chemical process owner may pay: \$100.00 for the first source and \$50.00 for each additional source up to a maximum of \$1,000.00. Payment must be made as a single payment and all source locations must be listed on this form.

\$100.00 (first source) + (Number of additional sources _____ x \$50.00) = _____

Program Level 2:

A) If owner owns multiple Program 2 stationary sources, but each source has the **same single** chemical process owner may pay: \$200.00 for up to three sources and \$100.00 for each additional source up to a maximum of \$2,000.00. Payment must be made as a single payment and all stationary sources must be listed on this form.

\$200.00 x number of sources (up to 3 sources) _____ + (Number of additional sources _____ x \$100.00) = _____

OR

B) If owner owns multiple Program 2 stationary sources, but *all sources* have a Standard Industrial Classification Number (S.I.C.) of 01, 02, or 07 owner may pay: \$100.00 for the first source and \$50.00 for each additional source up to a maximum of \$800.00. Payment must be made as a single payment and all stationary sources must be listed on this form.

\$100.00 (first source) + (Number of additional sources _____ x \$50.00) = _____

Program Level 3: Owners of Program 3 stationary sources must file using form RMP-001.

Remember: Annual Registration Fee is based on the source's chemical process with the highest program level as defined in 40 CFR, Section 68.10.

Additional Stationary Source Information				
	Latitude/ Longitude	Regulated Substance in Process	S.I.C. or N.A.I.C.S.	Highest Program Level
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				