

Annual E-Plan Tier II Filing Workshop



State of Florida Emergency Response Commission

<https://erplan.net/eplan/home.htm>

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E-Plan - Emergency Response Information System

FIRST RESPONDERS

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Federal, State, and Local Government Personnel

Online Tier2 eSubmit

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Tier II Submitters, Facility Managers, and Business Owners

[Click here to file Tier II report in E-Plan.](#)

Welcome to E-Plan's Online Tier II Reporting System

This easy E-Plan online reporting system will allow you to create a report you can submit to your state to meet their requirement for filing of (SARA Title III) Tier II Emergency and Hazardous Chemical Inventory Reports. This system is for Tier II filing organizations to file their Tier II reports to the State each year. However, filing Tier II report via E-Plan may not fulfill the mandate per your state SERC and/or county LEPC and local fire department. Contact your State and County officials to see if they accept E-Plan as a form of electronic filing.

If you have comments or questions, please use the [Contact Us](#) button on any E-Plan page.

Important Notes

1. Completed Tier II forms for reporting year 2017 are due by **March 1, 2018**.
2. For reporting year 2017, **UT Dallas** institutes **an administrative charge** for organizations that use E-Plan for creating/filing online Tier II reports. Please look at the [list](#) to see if a charge for creating/filing applies to each facility. Detailed instructions including how and where to pay online payment are available. Please view this step-by-step [guide](#).
3. For the 2017 reporting year, nine States (i.e., **Alabama, Florida, Georgia, Mississippi, Montana, New York, North Carolina, South Carolina, and Tennessee**) and several Counties (i.e., **Warren County (OH), Chesapeake City (VA), Hopewell City (VA), Patrick County (VA), Pittsylvania County (VA), Richmond City (VA), Smyth County (VA), Virginia Beach City (VA), and Waynesboro City (VA)**) accept E-Plan as an electronic form of Tier II reports.
4. If your State SERC and/or County LEPC's accept Tier2 Submit such as .t2s or Tier2 zip file electronically, you can create and export data via E-Plan. Please [Contact Us](#) to ask a question or report a problem.
5. Please refer to your state's web site and the [EPA's State Tier II Reporting Requirements and Procedures](#) for submission details.
6. E-Plan online Tier II training video. Click [here](#) to watch.

Admin fee paid by State of Florida

Sign In

If you have already registered for an account, enter your Access ID and password in the boxes below and Sign In to access or update your account and data.

[Forgot Access ID](#)

[Forgot Password](#)

Sign In

New to E-Plan?

Create An Account

Please Note

**Do not create a new account if
your company filed last year.**



E-Plan Online Facility Filing

A new Access ID will be generated in the next page for your submission. For confidentiality purposes please provide a password for this Submission. This password will protect your submission against unauthorized access.

Password:

Confirm Password:

Name of Submitter:

Email address

Please enter the below verification code
(characters are case sensitive)

w4@D-

[Continue](#)

[Contact Us](#) | [FAQ](#) | [E-PLAN ONLINE TIER2 SUBMIT - USER'S GUIDE](#)

Fill out above information and a unique Access ID will be sent to the email provided.

E-Plan Online Filing Submission Management

Access ID: 1058002 (Wendy Reynolds)

Florida filers don't click on this tab.

EPCRA 312 (Tier2)	EPCRA 302		
ENTER NEW DATA/ RETRIEVE OLD DATA	COPY DATA	IMPORT TIER2	
<p>Use this function to enter data for a new year or make changes to data of an year already submitted</p> <ul style="list-style-type: none">Select a year to file/retrieve Tier II data: <input type="text" value="Select Filing Year"/>Currently filed years : <input type="text" value="2017"/> <p><input type="button" value="Continue"/></p>	<p>Use this function to copy data from a submitted year to any year up to the current filing year</p> <p>Note: Copy function will transfer all previously filed Tier II data and site plans</p> <p><u>Select 2017</u></p> <p>From: <input type="text" value="Previous Year"/></p> <p>To: <input type="text" value="Filing Year"/></p> <p><u>Select 2018</u></p> <p><input type="button" value="Copy Data"/></p>	<p>Use this function to import an existing Tier2 '.zip', Tier2 '.t2s', or CAMEO '.zip' file.</p> <ul style="list-style-type: none">Note that the Tier2 '.zip' or Tier2 '.t2s' file should contain up to ten (10) data files and CAMEO '.zip' file should contain 16 data files.These data files should have comma-separated values and '.mer' file extensions or xml tagged values and '.xml' file extension. <p><input type="button" value="Import 'zip / t2s'"/></p>	

Tier II Filing Management

2018 Online Filing Home

Facilities

FACILITY NAME	STREET ADDRESS	CITY	COUNTY
<input type="text" value="Facility Name"/>	<input type="text" value="Street Address"/>	<input type="text" value="City"/>	<input type="text" value="County"/>

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

Submitted facility information [Legend Help!](#)

Total number of facilities: 1

[Add New Facility](#)

FACILITY NAME	STATE	FILING STATUS	DELET
41361 Firefly Shipworks, LTD, Hera Contact Information 1. Malcolm Reynolds - Emergency Contact 2. Zoe Washburn - Emergency Contact 3. Zoe Washburn - Fac. Emergency Contact 4. Firefly Shipworks, LTD, Hera - Facility 5. Allied Spacecraft Corporation - Contact 6. Kaylee Frye - Tier II Information Contact Chemical Information 1. Styrene Monomer, Inhibited (100-42-5) 2. Sulfuric Acid (7664-93-9)	FL	Not Filed	<input type="checkbox"/>

Annotations:

- Red arrow pointing to "Verify facility info" points to the FACILITY NAME column.
- Red circle around icons (pencil, X, flask, person) with arrow pointing to "Use these icons to edit or delete a facility, add a new chemical, or add a new contact."
- Red circle around "Not Filed" with arrow pointing to "Current filing status."

Upon completion of data entry please click on "Validate Record" to finalize filing

[Validate](#)

[View](#)

Confirm Facility Information

Facility Information

* Fields are Federal mandatory fields

** Fields are E-Plan mandatory fields

Remember to press the **Save & Continue** button after updating any information on this page. Otherwise, the changes will not be saved.

Facility Details

Facility Name *

Department

Company Name **

Facility Email

Fire District

Report Year

Facility Phone Number

Facility Notes

Add to notes if facility:

1. Has been sold
2. Changed Name
3. Chemicals were removed
4. No longer operational.

Physical Address

Street *

City *

State *

Confirm Facility Information (cont'd.)

Mailing Address

Check if Mailing Address same as Physical Address. Enter Mailing Address below if different.

Street

City

State

ZIP

Country

Location

Latitude *

Longitude *

USNG

Manned * Yes No

Maximum No. of Occupants *

Note: Maximum No. of Occupants must be more than 0 if you select "Yes"

Type of Facility * Yes No ---- EPC
 Yes No ---- EPC
 Yes No ---- EPC
 Yes No ---- EPC
 Yes No ---- CAA

Submission

I certify under penalty of law that I have provided the information above and am responsible for obtaining the information, I believe to be true and correct.

Name and official title of owner/operator
Owner/Operator's authorized representative

Confirm Facility Information (cont'd.)

Location

Latitude *

Longitude *

USNG

Manned * Yes No

Maximum No. of Occupants *

Note: Maximum No. of Occupants must be more than 0 if you select "Yes" on Manned.

Type of Facility * Yes No --- EPCRA 302 Facility (Emergency Planning) [More Info](#)
 Yes No --- EPCRA 311 Facility [More Info](#)
 Yes No --- EPCRA 312 Facility (Tier2) [More Info](#)
 Yes No --- EPCRA 313 Facility (TRI) [More Info](#)
 Yes No --- CAA 112 Facility (RMP-Chemical Accident Prevention) [More Info](#)

Submission

I certify under penalty of law that I have personally examined and am familiar with the information contained in this submission, and that based on my ir responsible for obtaining the information, I believe the information submitted is true, accurate, and complete.

Name and official title of owner/operator OR
Owner/Operator's authorized representative

Signature *

Signing the Tier II report

Confirm Facility Information (cont'd.)

[State Fields](#)

[Documents](#)

[Validate Record](#)

Required data

Facility Identification

* Report a 6-digit **NAICS** code and 9-digit **Dun and Bradstreet** number (Federal requirements)
(Dun and Bradstreet: Non-business entities may enter "N/A")

ID Type	ID Value	Description		
NAICS	334511	Search, Detection, Navigation, Guidance, Aeronautical, and Nautical System and Instrument Manufacturing	Edit	Delete
Dun & Bradstreet	0	None	Edit	Delete

ID Type

ID Value

Description

[Add](#)

[Reset](#)

[Next](#)

To find your Dun and Bradstreet number go here:
<http://mycredit.dnb.com/search-for-duns-number/>

To find your 6-digit NAICS code go here:
<http://www.naics.com/search/>

Confirm Facility Information (cont'd.)

CURRENT FACILITY

CONTACT LIST

CHEMICAL LIST

Firefly Shipworks, LTD., Hera (FacID: 5894462) [EDIT](#) [DELETE](#)
2555 Shumard Oak Blvd.
Tallahassee, FL 32399, USA

Facility Identification

State Fields

Documents

Validate Record

State Applicable Fields

Does your facility have a written emergency response plan?

Does your facility have a hazardous materials response team?

Does your local fire department have an up-to-date pre-plan for your facility?

[Update & Continue](#)



[Reset](#)

Confirm Facility Information (cont'd.)

Document Upload

* Fields are Federal mandatory fields

- I have submitted a site plan.
- I have attached a description of dikes and other safeguard measures.
- I have attached a list of site coordinate abbreviations.

No.	Document ID	File Name	File Type	File Category	File Description	Download	
1	986469	Styrene Monomer, Inhibited SDS.pdf	File	SDS	Safety Data Sheet		Delete
2	986470	Sulfuric Acid SDS.pdf	File	SDS	Safety Data Sheet		Delete

File types: PDF, DOC, JPG are only allowed.
If entering a link, choose File type as Link
and put the link as <http://somewebsite> in the description field.

All Fields are Mandatory

File Type

File Category

File Browse... Max file size 9 Mb

File Description

[Upload](#)

[Next \(Add Contact\)](#)

Please upload a site drawing. You may also add SDSs, SODs, and other documents.

Confirm Contact Information

2018 Online Filing Home

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

Facility information [Legend Help!](#)

number of facilities: 1

	FACILITY NAME	STATE	FILING STATUS
1	Firefly Shipworks, LTD, Hera Contact Information 1. Malcolm Reynolds - Emergency Contact 2. Zoe Washburn - Emergency Contact 3. Zoe Washburn - Fac. Emergency Coordinator 4. Firefly Shipworks, LTD, Hera - Facility Phone 5. Allied Spacecraft Corporation - Owner / Operator 6. Kaylee Frye - Tier II Information Contact Chemical Information 1. Styrene Monomer, Inhibited (100-42-5) 2. Sulfuric Acid (7664-93-9)	FL	Not Filed

[Click on name or edit to access contact info.](#)

Confirm Contact Information (cont'd.)

Contact Information

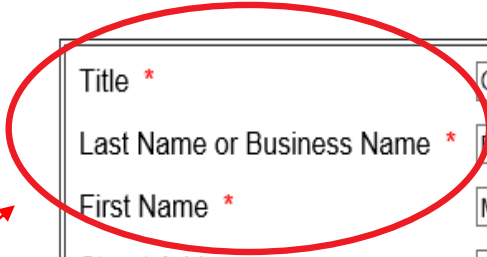
Malcolm Reynolds (Emergency Contact)

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

* Fields are mandatory

Title *	<input type="text" value="Captain"/>
Last Name or Business Name *	<input type="text" value="Reynolds"/>
First Name *	<input type="text" value="Malcolm"/>
Street Address	<input type="text"/>
City	<input type="text"/>
County	<input type="text"/>
State	<input type="text" value="Select State"/>
ZIP	<input type="text"/>
Country	<input type="text" value="USA"/>
Email *	<input type="text" value="m.reynolds@alliedspacecraftcorp.com"/>

Required data



Confirm Contact Information (cont'd.)

Minimum Federal requirements.

Contact Phone Information

Malcolm Reynolds (Emergency Contact)

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

Phone Type	Phone Number	
Work	850-555-5555	Edit Delete
24-hour	850-555-5500	Edit Delete

Phone Type

Select Phone Type ▼

Phone Number

Add

Reset

Next

Confirm Contact Information (cont'd.)

	CURRENT FACILITY	CONTACT LIST	CHEMICAL LIST
Firefly Shipworks, LTD., Hera (FacID: 5894462) EDIT DELETE 2555 Shumard Oak Blvd. Tallahassee, FL 32399, USA			
Facility Association	Documents	Validate Record	

Associate Contact With Facility

Malcolm Reynolds (Emergency Contact)

Note: You can associate "Malcolm Reynolds" with other facilities such that the contact information can be copied to the other associated facilities.

Facility Name	Contact Type		
(FacID:5894462) Firefly Shipworks, LTD., Hera	Emergency Contact	Edit	Delete

Select All Facilities and Contact Type

(FacID:5894462) Firefly Shipworks, LTD., Hera (Current facility)

[Contact Us](#) | [FAQ](#) | [E-PLAN ONLINE TIER2 SUBMIT - USER'S GUIDE](#) | [E-PLAN ONLINE 302 SUBMIT - USER'S GUIDE](#)





If you have more than one facility, you may add the same Contact person by selecting specific facilities and the drop down to select the specific contact type and then click Add.

If you only have one facility, click Next.

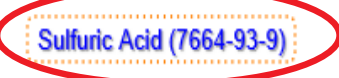
Confirm Chemical Information

2018 Online Filing Home

Number of facilities: 1

FACILITY NAME	STATE	FILING STATUS
<p>Firefly Shipworks, LTD, Hera    </p> <p>Contact Information</p> <ol style="list-style-type: none">1. Malcolm Reynolds - Emergency Contact Edit Delete2. Zoe Washburn - Emergency Contact Edit Delete3. Zoe Washburn - Fac. Emergency Coordinator Edit Delete4. Firefly Shipworks, LTD, Hera - Facility Phone Edit Delete5. Allied Spacecraft Corporation - Owner / Operator Edit Delete6. Kaylee Frye - Tier II Information Contact Edit Delete <p>Chemical Information</p> <ol style="list-style-type: none">1. Styrene Monomer, Inhibited (100-42-5) Edit Delete Copy2. Sulfuric Acid (7664-93-9) Edit Delete Copy	FL	Not Filed

Click on either link to access chemical information.



Confirm Chemical Information (cont'd.)

Chemical Information

* Fields are Federal mandatory fields

** Fields are E-Plan mandatory fields

Remember to press the [Save & Continue](#) button after updating any information on this page. Otherwise, the changes will not be saved.

Chemical Details

CAS Number ** [Help](#)

Chemical Name *

EHS * Trade Secret

Days on site *

Chemical information identical to previous year

Note that sulfuric acid is an extremely hazardous substance

Physical State *(Check all that apply)

Pure Mixture

Solid Liquid Gas

Confirm Chemical Information (cont'd.)

Physical Hazards **(Check all that apply)*

Copy chemical hazards to other chemicals

- Explosive
- Flammable (gases, aerosols, liquids, or solids)
- Oxidizer (liquid, solid or gas)
- Self-reactive
- Pyrophoric (liquid or solid)
- Pyrophoric Gas
- Self-heating
- Organic peroxide
- Corrosive to metal
- Gas under pressure (compressed gas)
- In contact with water emits flammable gas
- Combustible Dust

Confirm Chemical Information (cont'd.)

Health Hazards **(Check all that apply)*

- Acute toxicity (any route of exposure)
- Skin corrosion or irritation
- Serious eye damage or eye irritation
- Respiratory or skin sensitization
- Germ cell mutagenicity
- Carcinogenicity
- Reproductive toxicity
- Specific target organ toxicity (single or repeated exposure)
- Aspiration hazard
- Simple Asphyxiant

- Hazard Not Otherwise Classified

Confirm Chemical Information (cont'd.)

Quantity

Max Daily Amount Code

Select Max Code ▼

Maximum Daily Amount in pounds*

Always enter
amounts in
pounds

25,000

Avg Daily Amount Code

Select Avg Code ▼

Average Daily Amount in pounds*

25,000

Maximum Amount in largest container (pounds)

1,000

Below Reporting Thresholds †

† **Note:** Voluntary reporting of amounts below reporting requirement thresholds. (This checkbox does not apply to most submissions.)

By checking this box, you are certifying that this chemical is not of a reportable quantity under Section 312 of the Emergency Planning and Community Right-to-Know Act. For reportable chemicals, only check this box if the quantity is below the TPQ or 500 lbs., whichever is less. (For a list of EHS chemicals and TPQs, please reference the EPA's hazardous substances (anything with a MSDS), only check this box if the quantity is below 10,000 lbs. In addition, this box may be checked if the chemical you are reporting is an exemption from Tier II reporting under 40 CFR 370.10-13.

Confirm Chemical Information (cont'd.)

CURRENT FACILITY CONTACT LIST CHEMICAL LIST

Firefly Shipworks, LTD., Hera (FacID: 5894462) EDIT DELETE
2555 Shumard Oak Blvd.
Tallahassee, FL 32399, USA

Mixture Components State Fields Documents

Chemical Storage Locations

Existing location

Sulfuric Acid (CAS#: 7664939)

Location	Maximum Amount	Storage/Pressure/Temperature Types	
Warehouse	8000.0 , pounds	Battery / Ambient pressure / Ambient temperature	Edit Delete

Storage Locations

Storage Type*

Pressure Type*

Temperature Type*

Location*

Maximum amount at Location

Confidential

Can add multiple locations as needed

Confirm Chemical Information (cont'd.)

CURRENT FACILITY	CONTACT LIST	CHEMICAL LIST
Firefly Shipworks, LTD., Hera (FacID: 5894462) EDIT DELETE 2555 Shumard Oak Blvd. Tallahassee, FL 32399, USA		
Mixture Components	State Fields	Documents

Chemical Components

Sulfuric Acid (CAS#: 7664939)

Component	Chemical Name	CAS Number	Max Code	Percentage
Mixture Components				
CAS Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Help	<input type="button" value="Lookup"/>		
Component	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="button" value="EHS"/>	<input type="button" value="Lookup"/>		
EHS *	<input type="checkbox"/>			
Physical State	<input type="checkbox"/> Gas	<input type="checkbox"/> Liquid	<input type="checkbox"/> Solid	
Maximum Amount Code	<input type="text" value="Select Max Code"/>			
Percentage	<input type="text"/>			<input type="text"/>
<input type="button" value="Add"/>		<input type="button" value="Reset"/>		<input type="button" value="Next"/>

Adding a Mixture Component is optional.

Either Add the Mixture Component by entering the necessary fields and clicking Add or if there is no Mixture Component, click Next.

Confirm Chemical Information (cont'd.)

	CURRENT FACILITY	CONTACT LIST	CHEMICAL LIST	
--	------------------	--------------	---------------	--

Firefly Shipworks, LTD., Hera (FacID: 5894462) [EDIT](#) [DELETE](#)
2555 Shumard Oak Blvd.
Tallahassee, FL 32399, USA

Components	State Fields	Documents
----------------------------	---------------------	---------------------------

State Applicable Fields

Sulfuric Acid (CAS#: 7664939)

Frequency of Shipments 

Mode of Shipments (Check all that apply):

Highway

Rail

Pipeline

Ship or Barge

Other

[Update & continue](#)

[Reset](#)

[FAQ](#) | [E-PLAN ONLINE TIER2 SUBMIT - USER'S GUIDE](#) | [E-PLAN ONLINE 302 SUBMIT - U](#)





Frequency and Mode of Shipments refers to how often chemicals are shipped to the site.

Validate Record

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

and facility information [Legend Help!](#)

Number of facilities: 1

FACILITY NAME	STATE	FILING STATUS
<p>Firefly Shipworks, LTD, Hera    </p> <p>Contact Information</p> <ul style="list-style-type: none">1. Malcolm Reynolds - Emergency Contact Edit Delete2. Zoe Washburn - Emergency Contact Edit Delete3. Zoe Washburn - Fac. Emergency Coordinator Edit Delete4. Firefly Shipworks, LTD, Hera - Facility Phone Edit Delete5. Allied Spacecraft Corporation - Owner / Operator Edit Delete6. Kaylee Frye - Tier II Information Contact Edit Delete <p>Chemical Information</p> <ul style="list-style-type: none">1. Styrene Monomer, Inhibited (100-42-5) Edit Delete Copy2. Sulfuric Acid (7664-93-9) Edit Delete Copy	FL	Not Filed

Current filing status

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

[Validate Record](#)

[First Responder View](#)

Validate Record (cont'd.)

Submission Report for Access ID 1052748

Notes:

Errors indicated on this page identify required fields not completed. While Federal and State requirements are mandatory, E-Plan requirements provide extremely needed information to first responders in emergency scenarios.

5808397 : ABC Company (DEM test facility)

Error: A Fac. Emergency Coordinator is required for a EPCRA 302 Facility Submission. [Add New Contact of type Fac. Emergency Coordinator to fix this error.](#)

Once your report has passed ALL submission tests for filing year 2016,
Click [Upload Data to E-Plan](#) to complete the Tier II submission.

Exporting Tier II report to:

[Tier2 zip file](#)

[.t2s File](#)

[PDF file](#)

[Contact Us](#) | [FAQ](#) | [E-PLAN ONLINE TIER2 SUBMIT - USER'S GUIDE](#) | [E-PLAN ONLINE 302 SUBMIT - USER'S GUIDE](#)

[If an error message occurs, click the blue link next to the requirement. This will bring you to the page necessary to satisfy the requirement.](#)

Validate Record (cont'd.)

Submission Report for Access ID 1043644

Notes:

Errors indicated on this page identify required fields not completed. While Federal and State requirements are mandatory, E-Plan requirements provide extremely needed information to first responders in emergency scenarios.

FacID 5894462 : Firefly Shipworks, LTD., He

Facility Passed all Checks

Once your report has passed ALL submission tests for filing year 2017,
Click [Upload Data to E-Plan](#) to complete the Tier II submission.

Exporting Tier II report to:

[Tier2 zip file](#)

[.t2s File](#)

[PDF file](#)

[| Contact Us](#) | [| FAQ](#) | [| E-PLAN ONLINE TIER2 SUBMIT - USER'S GUIDE](#) | [| E-PLAN ONLINE 302 SUBMIT - USER'S GUIDE](#)

With all errors corrected, the Tier II data can be uploaded to E-Plan.

Validate Record (cont'd.)

Submit Facility Information

do you like to submit to the E-Plan database. Once you submit, these facilities and their information will be available to the First Responders through the E-Plan information with E-Plan (status shows as Filed) and make any further changes to the Facility/Contact/Chemical information, you DO NOT have to re-submit to the First Responders and the State officials. However, you will not get a confirmation email for the changes. To print the changed information, click on Print

if (1) A facility is linked with an invoice, (2) Filing Status is "Filed" or (3) Validation status is "Not Pass." ready linked to an invoice, please click the "Invoice for 2016 " tab above.

At your Consolidated Annual Registration Form, please have available your **Federal Employer Identification (FEI) No.** and credit card information if

Select facilities to upload.

Access ID: 1052748 (sam brackett)

<input type="checkbox"/> Select all	Facility ID	Facility Name	State	Filing Status	Validation Status	Invoice ID
<input checked="" type="checkbox"/>	5894462	Firefly Shipworks, LTD., Hera	FL	Not Filed	Pass	

Reporting Authority Emails:
(Up to 5 cc emails)

Note that you can print a draft copy Tier II report before final upload.

Submit

Print PDF

Consolidated Annual Registration Form

Note all fields are required.

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

Owner/Operator Information

Filing Year	2018
Company Name *	<input type="text" value="Allied Spacecraft Corporation"/>
Business Mailing Address (Street or P.O. Box) *	<input type="text" value="2555 Shumard Oak Blvd."/>
City *	<input type="text" value="Tallahassee"/>
State *	<input type="text" value="FL"/>
Zip *	<input type="text" value="32399"/>
NAICS Code *	<input type="text" value="334511"/>
Telephone *	<input type="text"/>
Contact Person *	<input type="text"/>
Title *	<input type="text"/>

Fee Calculation and Payment

Note the fee rate is determined by your reported chemicals and answers to these questions.

Registration Fee

Please answer questions below to calculate the filing fees applicable for your submission

Is your facility a governmental body (federal, state, country or local) facility?

Yes No

5. Does your facility have an extremely hazardous substance at or above threshold planning quantity?

Yes No

Calculated Fees

Enter Number of employees (statewide)

Filing Rate

Filing Fees (Minimum \$25 , Maximum \$2000)

Enter # of employees, then click on "Calculate"

Click 'Submit' to pay online.

Other Fee Questions

Is your facility regulated by the Department of Environmental Protection for storage tanks (Section 376.303 of the Florida Statutes)?

Is your facility regulated by the Department of Agriculture and Consumer Services (Chapter 527, Florida Statutes)?

Is your facility regulated by the Public Service Commission for gas transmission and distribution lines (Chapter 368, Florida Statutes)?

Is your facility's primary function to grow crops or raise farm animals?

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.

Enter Payment Information

Retrieved Account Details

Account Number : 1030631

Email Address * :

Funding Source Details

Payment Method* :

Card Account



Name on Card* :

Card Number* :



Expiry Date* :

(mm/yy)

Card CVV No* :

[What is this?](#)

Address Line 1* :

Address Line 2 :

City* :

State* :

Country* :

Please enter your Country

Zip* :

 -

Enter 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

tory

Invoice - Wendy Reynolds (1043644)

[Link to print copy of the fee form.](#)

Florida State Filing

Download Consolidated Annual Registration Form

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

Telephone (850) 413-9970 or (800) 635-7179 (Florida only)

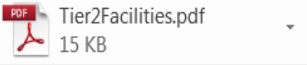
Email confirmation – Tier II Filed



eplan@utdcsepi.org

Brackett, Sam

E-Plan's Online Tier2 Data Submission Receipt



PDF copy of the Tier II Report.

Dear sam brackett:

THIS IS AN AUTOMATED RESPONSE. PLEASE DO NOT REPLY TO THIS MESSAGE.

Your Tier II data was successfully processed by the E-Plan's Online Tier II Reporting System at The University of Texas at Dallas as shown in the attached E-Plan's Online Tier2 Data Submission Report.

Following table lists the current status of your facilities created under Access ID **1052748**

Facility Id	Facility Name	State	Filing Year	Filing Status	First Submit Date
5808397	ABC Company (DEM test facility)	FL	2016	Filed	Thu Jan 05 17:52:38 UTC 2017

If you need assistance, please contact the E-Plan Admin Team via the "Contact Us" button at <https://tier2.erplan.net>.

Best regards,
E-Plan Admin Team

State Facility Representatives



Sam Brackett
850-815-4323
Sam.Brackett@em.myflorida.com

Call if your NAICS code begins with: 62, 22, 92, 81, 21, 72

Wendy Reynolds
850-815-4317
Wendy.Reynolds@em.myflorida.com

Call if your NAICS code begins with: 11, 31, 33, 44, 45, 52, 54, 55, 56, 61, 71

Trisha Tidwell
850-815-4322

Call if your NAICS code begins with: 23, 42, 51, 53, 48, 49

Your NAICS code can be found at:

<http://www.naics.com/search/>