Kentucky Emergency Response Commission
c/o Kentucky Emergency Management
100 Minuteman Parkway
Frankfort, KY 40601

State Use Only

Registration No.

☐ Check if form is identical to form submitted last year

☐ EHS Reported
☐ HC Reported
☐ TRI
☐ RMP

☐ First Time Filer

Please See Instructions Prior to Completing Form

Facility Identification Form

Latitude	(Decimal Degrees)	Longitude	(Decimal Degrees)	County	

Facility Identification		**Parent Company or Public Entity Identification**					
Facility Name		Parent Company					
Street Address		Address					
Mailing Address		City		Zip Code		State	
City		Zip Code					
NAICS							
KY Facility Air Permit #							
EPA Identification #	KY						
KPDES Permit #	KY						

Emergency Information			
24 HR Telephone No	Facility (include Area Code)		
Emergency Contact		Emergency Contact Telephone.	(include area code)
Alt. Emergency Contact		Alt. Emergency Contact Telephone.	(include area code)
Local Fire Department		Fire Department Telephone No.	(include area code)

Certification (read and sign after completing all sections)

I hereby certify that I have reviewed the above information and that, to the best of my knowledge and belief, the submitted information is true and complete and that amounts and values in this report are accurate based on data available to the owners/ operator of facility.

Name		Office Telephone	(include area code)
Signature		Signature Date	

Where To Send Completed Copies:

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Frankfort, KY 40601

Print Form