

## 2026 Emergency Planning Notification (EPN)

WISCONSIN EMERGENCY MANAGEMENT  
DMA 1003 (R12-25) Wis. Stat. 323.60**1 Facility Identification**

|  |   |                                     |  |   |
|--|---|-------------------------------------|--|---|
| WEM Facility ID #  |   | Owner's Federal Employer ID # (EIN) |  | Is this a federal or federally recognized tribal facility? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Facility Name  |   | Facility Contact Name               |  | If FARM, check primary activity:<br><input type="checkbox"/> Crops <input type="checkbox"/> Livestock               |
| Facility Street Address  |   | County                              | City   | Zip   |
| Municipality   |   | Fire Department                     | Total full-time equivalent employees employed within Wisconsin by this owner/operator when the threshold quantity was exceeded (see instructions): _____ |   |
| Latitude   |   | Longitude                           | Facility E-mail  | Facility Phone Number ( )   |
| <input type="checkbox"/> Manned<br><input type="checkbox"/> Unmanned   | Maximum Number of Occupants<br>(If manned): _____ |                                     | 2012 NAICS Code  | Dun & Bradstreet No.  |
| Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |                                     |  |   |
| Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>RMP Facility ID (Required if "Yes" is selected): _____ |   |                                     |  |   |
| Subject to Toxic Release Inventory under Section 313 of EPCRA (40 CFR part 372)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>TRI Facility ID (Required if "Yes" is selected): _____                                  |   |                                     |  |   |

**2 Mailing Address** Check if same as facility address

|         |  |       |       |     |
|---------|--|-------|-------|-----|
| Company |  | Attn: |       |     |
| Street  |  | City  | State | Zip |

**3 Owner or Operator Information** Check if same as facility address Check if same as mailing address

|            |  |        |       |     |
|------------|--|--------|-------|-----|
| Owner Name |  | Attn:  |       |     |
| Street     |  | City   | State | Zip |
| Phone ( )  |  | E-mail |       |     |

**4 Parent Company Information (Optional)**

|              |           |        |       |                    |
|--------------|-----------|--------|-------|--------------------|
| Company Name |           | Attn:  |       |                    |
| Street       |           | City   | State | Zip                |
| Country      | Phone ( ) | E-mail |       | Dun & Bradstreet # |

Wisconsin Emergency Management (WEM), Facility Reporting Section, P.O. Box 7865, Madison, WI 53707-7865

**THIS FORM MAY BE FILED ELECTRONICALLY AT <https://whoprswisconsin.gov/.aspx>**

|   |                   |                                     |   |  |
|---|-------------------|-------------------------------------|---|--|
| WEM Facility ID #   | Facility Name     |                                     | WISCONSIN EMERGENCY MANAGEMENT<br>DMA 1003 (R12-25) Wis. Stat. 323.60 |  |
| <b><sup>5</sup> Facility Emergency Planning Coordinator</b> |                   | <b><sup>6</sup> Tier II Contact</b> |   |  |
| Name  | Title             | Name                                | Title   |  |
| Phone ( )   | 24 Hour Phone ( ) | Phone ( )                           | 24 Hour Phone ( )   |  |
| E-mail  |                   | E-mail                              |   |  |

### **<sup>7</sup> Facility Emergency Contacts (Minimum 2 Contacts, Maximum 3)**

|    |                  |                   |        |
|----|------------------|-------------------|--------|
| 1. | Name             | Title             |        |
|    | Phone Number ( ) | 24-Hour Phone ( ) | E-Mail |
| 2. | Name             | Title             |        |
|    | Phone Number ( ) | 24-Hour Phone ( ) | E-mail |
| 3. | Name             | Title             |        |
|    | Phone Number ( ) | 24-Hour Phone ( ) | E-mail |

If revising chemical information to add additional EHS chemicals, or if deleting one or more from a group of EHS chemicals, continue to Section 10 of this form titled "<sup>10</sup>Extremely Hazardous Substance (EHS) Identification".

### **<sup>8</sup> Emergency Planning Notification Determination**

This facility is required to participate in Emergency Planning because this facility has or had an Extremely Hazardous Substance (EHS) present at any one time at or above the Designated Threshold Planning Quantity (TPQ):

|   |  |       |
|---|--|-------|
| <input type="checkbox"/> YES                          | Provide date the Extremely Hazardous Substance(s) exceeded the Threshold Planning Quantity (TPQ):                  | Date: |
| <input type="checkbox"/> NO                           | This facility has never had an Extremely Hazardous Substance present at or above the Threshold Planning Quantity   |       |
| <b>Amended Emergency Planning Notifications Only:</b> |  |       |
| <input type="checkbox"/> NO                           | Provide date the Extremely Hazardous Substance(s) <u>no longer exceeded</u> the Threshold Planning Quantity (TPQ): | Date: |

### **<sup>9</sup> Fee Determination (answer only if question 8 is YES)**

|                          |   |                 |                      |
|--------------------------|---|-----------------|----------------------|
| <input type="checkbox"/> | This facility is required to participate in planning and pay the EMERGENCY PLANNING NOTIFICATION FEE: <b>\$1080.00</b> . The operator has 10 or more full-time equivalent employees in the State of Wisconsin. If the fee is paid <b>more than 60 days</b> after an Extremely Hazardous Substance exceeded the Threshold Planning Quantity, add a <b>20% late payment surcharge of \$216.00</b> . |                 | Total Fee Remitted:  |
| <input type="checkbox"/> | This facility is required to participate in planning but is exempt from paying the fee because the operator of this facility has fewer than 10 full-time equivalent employees <b>in the State of Wisconsin</b> . Provide the number of full-time equivalent employees employed by this operator in the State of Wisconsin during 2025 to the right (see instructions on how to calculate).        |                 | No. of FTE Employees |
| <input type="checkbox"/> | This facility is required to participate in planning and the Emergency Planning Notification Fee has already been paid for this facility.   | Date of Payment | Check Number         |

|                   |               |   |
|-------------------|---------------|---|
| WEM Facility ID # | Facility Name | WISCONSIN EMERGENCY MANAGEMENT<br>DMA 1003 (R12-25) Wis. Stat. 323.60 |
|-------------------|---------------|---|

**10 Extremely Hazardous Substance (EHS) Identification**

| ADD                      | DELETE                   | CAS NUMBER | EHS CHEMICAL NAME | Max Qty. Present at or Above Threshold Planning Quantity at Any One Time (in pounds) | Date EHS Exceeded TPQ (DD/MM/YYYY) |
|--------------------------|--------------------------|------------|-------------------|--|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |            |                   |  |                                    |
| <input type="checkbox"/> | <input type="checkbox"/> |            |                   |  |                                    |
| <input type="checkbox"/> | <input type="checkbox"/> |            |                   |  |                                    |
| <input type="checkbox"/> | <input type="checkbox"/> |            |                   |  |                                    |
| <input type="checkbox"/> | <input type="checkbox"/> |            |                   |  |                                    |
| <input type="checkbox"/> | <input type="checkbox"/> |            |                   |  |                                    |

**11 CERTIFICATION (REQUIRED)**

This section must be completed even if this facility does not have an Extremely Hazardous Substance present at or above the Threshold Planning Quantity and is not required to participate in emergency planning.

I certify under penalty of law that I have personally examined and am familiar with the information submitted and, to the best of my knowledge, I believe that the submitted information is true, accurate, and complete.

I understand that I am officially submitting this report and associated information to authorities. I also understand that once this submission is completed, I cannot edit the information and it will become an official archive for authorities.

|   |                  |
|---|------------------|
| Name of Owner/Operator or Authorized Representative (Print) | Telephone Number |
|---|------------------|

Official Title

|            |      |
|------------|------|
| Signature* | Date |
|------------|------|

Wisconsin Emergency Management (WEM), Facility Reporting Section, P.O. Box 7865, Madison, WI 53707-7865

Please send completed forms to Wisconsin Emergency Management, Attn: EPCRA Section, P.O. Box 7865, Madison, WI 53707-7865. If a fee is due, return the Emergency Planning Notification Invoice (located on last page) with check directly to Wisconsin Emergency Management, Fee Processing Service, Drawer 988, Milwaukee, WI, 53293-0988

**FOR QUESTIONS OR ASSISTANCE CALL:  
(608) 242-3300**

**For additional information or blank forms visit our website at:**

**<https://wem.wi.gov/>**

**Alternate online reporting is available at <https://whoprs.wisconsin.gov/.aspx>**

# EMERGENCY PLANNING NOTIFICATION (EPN) INVOICE

Wisconsin Emergency Management  
DMA Form 1160 (R12-25)

## Fee Payment Instructions

-- Complete the right-hand portion of this EPN INVOICE and mail it with the fee payment to:

**Wisconsin Emergency Management  
Fee Processing Service  
Drawer 988  
Milwaukee, WI 53293-0988**

-- Make checks payable to: **Wisconsin Emergency Management (WEM)**  
-- Mail this Invoice Form along with payment to ensure proper application of the payment to your facility's account

*Note: New facilities will be issued a WEM ID #*

## Program Documents Submission Instructions

The signed 2026 Emergency Planning Notification Report form with any other correspondence or documents should be mailed to:

**Wisconsin Emergency Management  
Attn: Facility Reporting Section  
P.O. Box 7865  
Madison, WI 53707-7865**

*Please Note:* The information you provide to WEM will be entered by WEM staff in the order that it is received. When entered into the system, the information will be available to LEPCs and local Fire Departments and meets the requirement to provide this information to them.

## Inventory Fee Invoice

### WEM Facility ID #:

[See Section 1 "Facility Identification" of 2026 EPN Report]

### Owner's Employer Identification Number (EIN/FEIN):

[See Section 1 "Facility Identification" of 2026 EPN Report]

Facility Name:

Facility Street Address:

City, State, Zip:

Facility County:

### One-Time EPN Fee Owed:

[See Section 9 "Fee Determination" of 2026 EPN Report]

### Late Payment Surcharge:

[See Section 9 "Late Payment Surcharge" of 2026 EPN Report]

### Total Fee Remitted:

[See Section 9 "Total Fee Remitted" of 2026 EPN Report]

Payer Check Number:

## **INSTRUCTIONS FOR COMPLETING THE EMERGENCY PLANNING NOTIFICATION – DMA FORM 1003**

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**WHO MUST SUBMIT THIS FORM:** Wisconsin Statute 323.60(5)(a), requires the owner/operator of a facility which has an Extremely Hazardous Substance (EHS) present at any one time at or above the designated Threshold Planning Quantity (TPQ), to provide emergency planning notification to Wisconsin Emergency Management (WEM) and the appropriate county Local Emergency Planning Committee (LEPC), within sixty days of the EHS being present at or above the TPQ. A one-time \$1080.00 Emergency Planning Notification fee is due if the operator of the facility has 10 or more fulltime equivalent (FTE) employees (see 1h) in the State and has not previously paid an emergency planning notification fee for the facility.

**REPORTING THRESHOLDS:** The extremely hazardous substance list with the designated threshold planning quantities is available from [www.epa.gov/epcra/consolidated-list-lists](http://www.epa.gov/epcra/consolidated-list-lists), your county LEPC, or the U.S. EPA Hotline at (800) 424-9346.

**WHEN TO SUBMIT THIS FORM:** Owners or operators of facilities that have an Extremely Hazardous Substance (EHS) present at any one time at or above the designated Threshold Planning Quantity (TPQ) must provide emergency planning notification to Wisconsin Emergency Management (WEM) and the appropriate county Local Emergency Planning Committee (LEPC), **within sixty days of the EHS being present at or above the TPQ.** *Note: When entered into the Wisconsin Hazmat Online Planning and Reporting System (WHOPRS), the information will be available to LEPC's and Local Fire Departments, and this meets the requirements to provide this information to them. The information you provide to WEM will be entered by WEM staff in the order it is received.*

**WHERE TO SUBMIT THIS FORM:** Send the completed Emergency Planning Notification(s) by mail, or e-mail. Address mail to **Wisconsin Emergency Management, Attn: Facility Reporting Section, P.O. Box 7865, Madison, WI 53707-7865.** E-mail forms to [DMAWHOPRS@widma.gov](mailto:DMAWHOPRS@widma.gov). *Note: This form may be filed electronically at <https://whoprs.wisconsin.gov>.*

### **PAGE 1**

**SUBMISSION TYPE:** Check **ORIGINAL** on the top of the form only if this is the first time the facility is submitting an Emergency Planning Notification and Fee Determination Statement OR check **AMENDED** if the submission is amending an original Emergency Planning Notification statement previously submitted by the facility.

#### **1. FACILITY IDENTIFICATION**

- a. **WEM Facility ID #:** This is the facility's WEM assigned I.D. number. Indicate this number in the upper left corner on each page of these forms. A new facility will be assigned this number when the first submission is received. If your facility does not yet have a facility I.D. number, leave this space blank.
- b. **Owner's Federal Employer ID # (EIN):** Provide the facility owner or operator's nine-digit federal Employer Identification Number (EIN). This is the owner's Tax I.D. Number or Social Security Number. All facilities have an EIN, including municipalities and other "tax exempt" organizations. See your facility's preprinted Federal Tax Deposit Coupon (IRS Form 8109) for your EIN.
- c. **Federal or Tribal Facilities:** Indicate whether the facility is a federal or federally recognized tribal facility.
- d. **Facility Name and Address:** Enter the complete name and address of the location of your facility where the hazardous chemicals are stored. Enter the full street address or state road, county, city, state, and zip code.
- e. **Fire Department:** Provide the name of the local fire department that services the facility.
- f. **Facility Contact and Facility Phone Number:** Provide a daytime facility contact and general phone number for your facility.
- g. **Farming Facilities:** If the facility is a farm, check the primary activity. Check only one.
- h. **Full-Time Equivalent Employees (FTE):** Any owner/operator who has 20,800 employee hours (10 FTE) or more for the year may be subject to fees. To find the FTE number, take the total number of ALL employee hours (including part-time) at ALL the owner/operator's locations, in the State of Wisconsin (regardless of employee occupation) and divide by 2,080. *ALL persons employed in Wisconsin by this owner must be included in this calculation, not just those employed at the facility.*

When the same EIN/Taxpayer ID is used for multiple facilities, it shows that the owner/operator has multiple locations. If this is the case, each report should show the same number of FTE's because all employee hours are added across all locations, collectively. WEM verifies the number of FTE's by using the EIN/Taxpayer ID.

Example: If XYZ Facility has 5 locations in the State of Wisconsin, and only 3 that report under EPCRA, they would still add all employee hours worked at all 5 locations. So, if the total number of hours for XYZ facility totals 18,050 hours they would divide that by 2,080 to get 8.67. Please round the number down to the nearest whole number, or 8, in this case.

- i. **Longitude and Latitude:** Provide the longitude and latitude for the location of your facility.
- j. **Facility E-mail:** Provide a general facility e-mail.
- k. **Manned/Unmanned:** Indicate if the facility is manned or unmanned. If the facility is manned at least part of the day, check the box "manned". The box "unmanned" should only be checked if the facility is never manned.
- l. **Maximum Occupants:** Estimate the maximum number of occupants that may be present at any one time at your facility. If the facility is manned at least part of a day, indicate the number of persons present. You should include contractors, vendors and people that may be present for any training or other events as well as employees. If the location is never manned, leave the box blank.
- m. **NAICS Code:** Enter the primary six-digit North American Industry Classification System (NAICS) code that best describes this facility's activities. NAICS Codes can be searched on the U.S. census Bureau website at <https://www.census.gov/naics/>, or you can find a link to the listing on our website.
- n. **Dun & Bradstreet Number:** Enter the Dun & Bradstreet number of your facility. The financial officer of your facility should be able to provide the Dun & Bradstreet number. If your firm does not have this information, contact the State or the regional office of Dun & Bradstreet to obtain your facility number or have one assigned.

- o. **Subject to Emergency Planning:** Indicate if your facility is subject to the emergency planning notification requirement under EPCRA section 302, codified in 40 CFR part 355. Check the box “yes” or “no”. 40 CFR part 355 establishes requirements for a facility to provide information necessary for developing and implementing State and local chemical emergency response plans, and requirements for emergency notification of chemical releases. This part also lists Extremely Hazardous Substances (EHSs) and Threshold Planning Quantities (TPQs) in Appendices A and B, which are used in determining if you are subject to these requirements.
- p. **Chemical Accident Prevention:** Indicate whether the facility is subject to Chemical Accident Prevention under Section 112r of Clean Air Act (CAA) (40 CFR part 68) Risk Management Program. Check “yes” or “no”.
  - i. Section 112 of CAA (40 CFR part 68) Risk Management Program lists regulated substances and thresholds, the process for adding or deleting substances to the list of regulated substances, the requirement for owners or operators of stationary sources concerning the prevention of accidental releases, and the state accidental release prevention programs under section 112(r).
  - ii. The RMP facility ID is established when a facility registers an initial Risk Management Plan with the EPA.
- q. **Toxic Release Inventory Program:** Indicate whether the facility is subject to Toxic Release Inventory (TRI) under Section 313 of EPCRA (40 CFR part 372). If “Yes” is selected, provide the TRI Facility ID #.
  - i. EPCRA Section 313 (40 CFR Part 372) requires facilities to report releases and waste management activities associated with listed toxic chemicals that they manufacture, process, or otherwise use above applicable threshold quantities.
  - ii. The TRI Facility ID is established when a facility owner or operator first submits a TRI Form R or Form A for a particular location. The facility retains this identification even if the facility changes ownership, name, production processes, or NAICS codes.

2. **MAILING ADDRESS:** If the mailing address for the facility is different from the facility’s physical location indicated in Section 1, provide the name and address in the appropriate boxes. If the address for the facility is the same as the facility’s physical location indicated in Section 1, check the box “Check if same as facility address.”

3. **OWNER OR OPERATOR INFORMATION:** Enter the owner or operator’s full name, mailing address, and phone number. Provide the e-mail address of the owner or operator of the facility. *Note: This is the owner or the company that is required to maintain the Safety Data Sheet (SDS).*

If a facility has an owner and an operator that are different, the two entities must choose which one will report under EPCRA. The EIN/Taxpayer ID of the chosen entity must be used for EPCRA reports and notifications. The owner or operator’s name listed in the EPCRA report must match the EIN/ Taxpayer ID number on their IRS form W-9. When the EIN/Taxpayer ID is used for multiple facilities, it shows that the owner/operator has multiple locations. WEM uses the EIN/Taxpayer ID to verify the number of Full-Time Equivalent Employees (FTE’s) in the State of Wisconsin.

4. **PARENT COMPANY INFORMATION (Optional):** Enter the name, mailing address, phone number, e-mail address and Dun & Bradstreet number of the parent company. *Note: These are optional data elements*

## PAGE 2

5. **FACILITY EMERGENCY PLANNING COORDINATOR:** Enter the name, title, e-mail address, phone number and 24-hour phone number of the facility emergency coordinator. The facility must make arrangements to ensure 24-hour contact.
 

- a. *Note: this data element is only applicable to facilities subject to EPCRA section 302(c) emergency planning notification. Section 303(d)(1) of EPCRA requires facilities subject to the emergency planning notification requirement under Section 302(c) to designate a facility representative who will participate in the local emergency planning process as a facility emergency coordinator. EPA encourages facilities not subject to the emergency planning notification requirement also to provide this information for effective emergency planning in your community.*

6. **TIER II CONTACT:** Enter the name, title, e-mail address and phone number of the person knowledgeable of the information contained in the Tier II inventory form. EPA requires that facilities provide the contact information of the individual responsible for completing the Tier II inventory form.

7. **FACILITY EMERGENCY CONTACTS:** Enter the name, title, phone number and e-mail address of at least two local contacts that can act as a referral if emergency responders need assistance in responding to a chemical accident at the facility. The facility must make arrangements to ensure 24-hour contact.

If amending an original Emergency Planning Notification (EPN) by revising chemical information to add additional EHS chemicals or if deleting one or more from a group of EHS chemicals, continue to Section 10. If amending an original EPN and your facility no longer has any EHS chemicals at or above reportable quantities, continue onto step 8 titled “Emergency Planning Notification Determination”.

8. **EMERGENCY PLANNING NOTIFICATION DETERMINATION**

- a. If your facility is required to complete an Emergency Planning Notification and had an Extremely Hazardous Substance present in reportable amounts at any one time, check the first box on the left “YES”. Provide the date the Extremely Hazardous Substance(s) exceeded the threshold planning quantity (TPQ) to the right. Continue onto Page 2 Section 9 titled “<sup>9</sup>Fee Determination”.
- b. If your facility has never had an Extremely Hazardous Substance (EHS) present at or above the Threshold Planning Quantity, check the first “NO” box. Continue onto Page 3 Section 11 titled “<sup>11</sup>CERTIFICATION (REQUIRED)”.
- c. If your facility has previously filed an Emergency Planning Notification (EPN) with Wisconsin Emergency Management and no longer has an Extremely Hazardous Substance (EHS) present at or above the Threshold Planning Quantity, check the second “NO” box. Continue onto Page 3 Section 11 titled “<sup>11</sup>CERTIFICATION (REQUIRED)”.

9. **FEE DETERMINATION (answer only if question 8 is YES)**

- a. If your facility has present any Extremely Hazardous Substances (EHS) chemicals at or above reportable quantities and the operator of your facility has 20,800 employee hours (10 FTE) or more for 2025, check the box to the left. In the box to the right, provide the total fee remitted. Continue onto Page 3 Step 10 titled “<sup>10</sup>Extremely Hazardous Substance (EHS) Identification”.
  - i. To find the FTE number, take the total number of ALL employee hours (including part-time) at ALL the owner/operator’s locations, in the State of Wisconsin (regardless of employee occupation) and divide by 2,080. All persons employed in Wisconsin must be included in this calculation, not just those employed at the facility.
  - ii. If the fee is paid **more than 60 days** after an extremely hazardous substance exceeded the threshold planning quantity (TPQ), add a **20% late payment surcharge of \$216.00** for a total of **\$1,296.00**.

b. If your facility is required to participate in planning, but is exempt from paying the fee because the operator of the facility has fewer than 10 full-time equivalent employees in the State of Wisconsin, provide the number of full-time equivalent employees employed by the operator in the State of Wisconsin during 2025 to the right and check the second box to the left. Continue onto Page 3 Step 10 titled “<sup>10</sup>Extremely Hazardous Substance (EHS) Identification”.

- To find the FTE number, take the total number of **ALL employee hours** (including part-time) **at ALL the owner/operator's locations, in the State of Wisconsin** (regardless of employee occupation) and divide by 2,080. All persons employed in Wisconsin must be included in this calculation, not just those employed at the facility.

c. If your facility is required to participate in planning and the Emergency Planning Notification fee has already been paid for the facility after an original Emergency Planning Notification was filed, provide the date of the payment and check number and check the third box to the left. Continue onto Page 3, Step 10 titled “<sup>10</sup>Extremely Hazardous Substance (EHS) Identification”.

## PAGE 3

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### 10. EXTREMELY HAZARDOUS SUBSTANCE (EHS) IDENTIFICATION

- ADD or DELETING Chemicals:** Indicate if **ADDING** or **DELETING** an Extremely Hazardous Substance (EHS). If another Extremely Hazardous Substance has been added on-site after previous submittal of an Emergency Planning Notification listing chemicals, enter the chemical(s) in this section.
- Chemical Abstract Service (CAS) Number:** For mixtures, enter the CAS number of the mixture as a whole if it has a CAS number distinct from its components. This information is on the Safety Data Sheet (SDS).
- Chemical Name:** Enter the chemical or common name of the Extremely Hazardous Substance (EHS).
- Max Qty. Present at or Above Threshold Planning Quantity at Any One Time (in pounds):** Enter the maximum quantity present on-site at any one time. All amounts must be recorded in **pounds**.
  - To convert a liquid or gas volume to weight in pounds, multiply the specific gravity (usually located on the MSDS/SDS) by 8.33 to get the number of pounds per gallon. Multiply the pounds per gallon by the weight in gallons to get the weight in pounds.
- Date EHS Exceeded TPQ (DD/MM/YYYY):** Enter the date the Extremely Hazardous Substance on-site exceeded the Threshold Planning Quantity (TPQ).

11. **CERTIFICATION:** COMPLETE THE ENTIRE CERTIFICATION SECTION. This section must be completed even if the facility does not have any Extremely Hazardous Substance (EHS) chemicals present at or above the Threshold Planning Quantity and is not required to participate in emergency planning.

- Select the box stating “I understand that I am officially submitting this report and associated information to authorities. I also understand that once this submission is completed, I cannot edit the information and it will become an official archive for authorities.”
- On the bottom of the page, enter the full name and official title. **A SIGNATURE AND DATE ARE REQUIRED**. An incomplete or unsigned Emergency Planning Notification will be returned.

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Please send completed forms to Wisconsin Emergency management, Attn: Facility Reporting Section, P.O. Box 7865, Madison, WI 53707-7865. If a fee is due, return the Emergency Planning Notification Invoice (located on last page) with check directly to Wisconsin Emergency Management, Fee Processing Service, Drawer 988, Milwaukee, WI, 53293-0988

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**Note: Under the Wisconsin Hazmat Online Planning and Reporting System (WHORPS), there are mandatory data fields that must be entered, thus the need for completion of all areas of the form. This information you provide to WEM will be entered by WEM staff in the order it is received. When entered into the system, the information will be available to LEPC's and Local Fire Departments, and this meets the requirements to provide this information to them.**