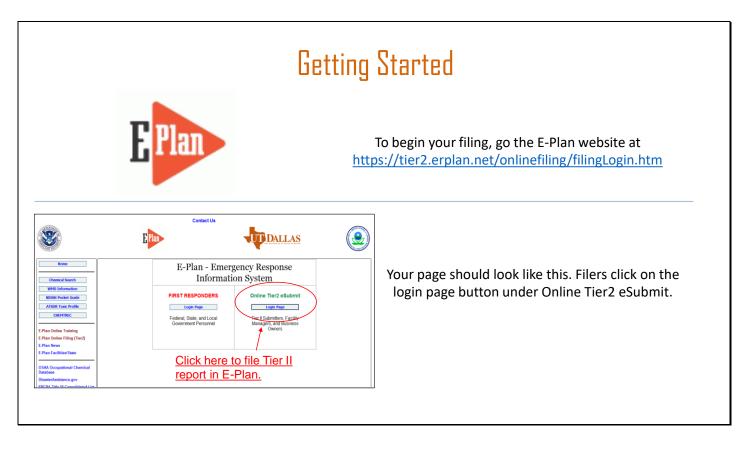
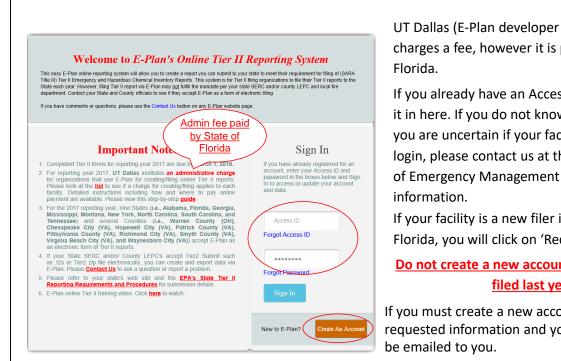


2555 Shumard Oak Boulevard Tallahassee, FL 32399 (850) 815-4000





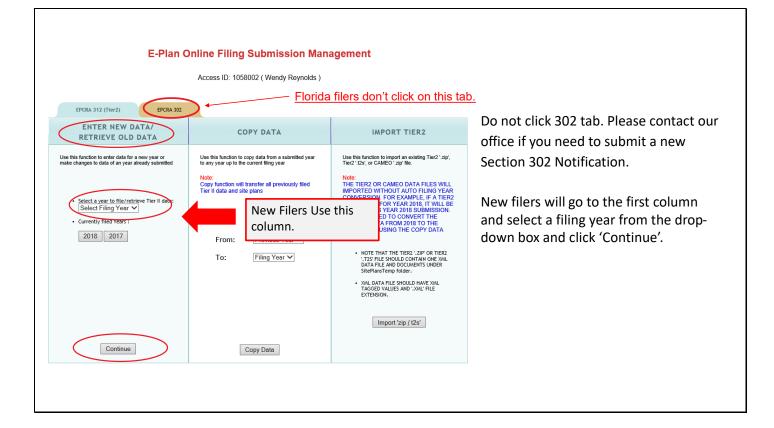
UT Dallas (E-Plan developer and administrator) charges a fee, however it is paid by the State of

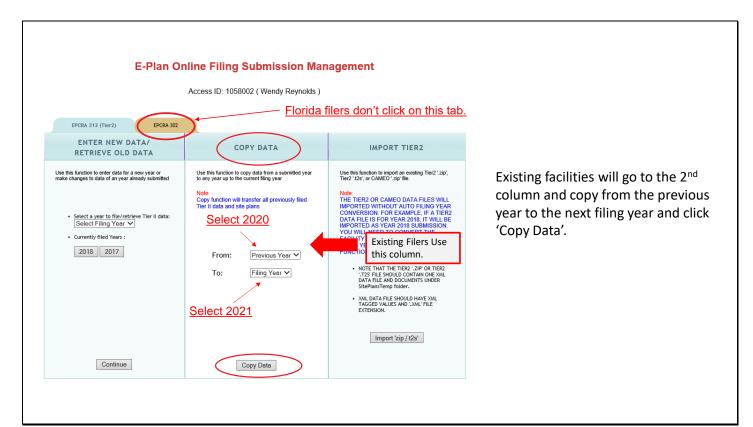
If you already have an Access ID, you will enter it in here. If you do not know your login, or if you are uncertain if your facility has an existing login, please contact us at the Florida Division of Emergency Management to retrieve that

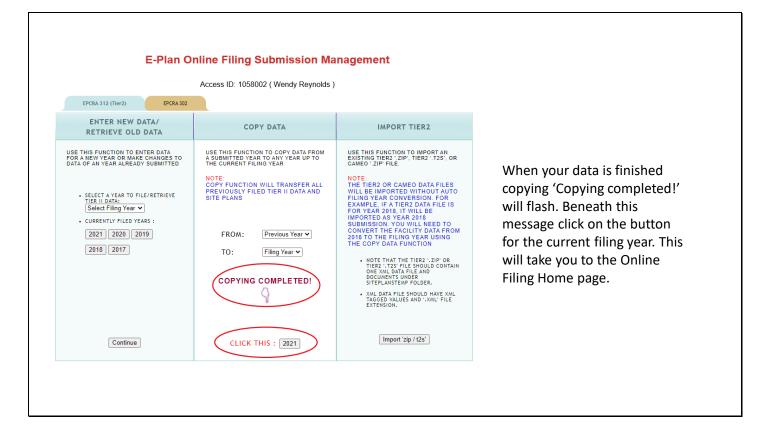
If your facility is a new filer in the State of Florida, you will click on 'Request New Account'.

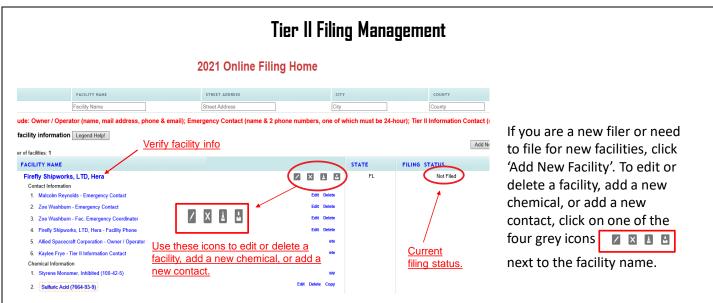
Do not create a new account if your company filed last year.

If you must create a new account, fill in the requested information and your Access ID will





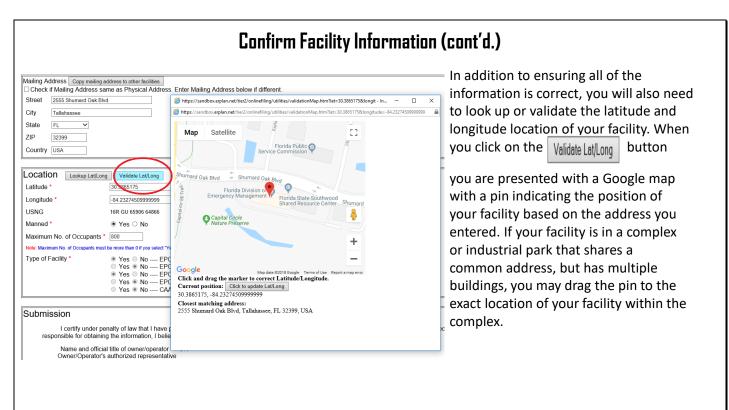




You may return to this page from any page in your Tier II at any time by clicking on 'Tier2 Filing Management' in the grey header bar at the top of the page. Be sure you have saved your information or changes first!

Please take note of the status of your Tier II in the 'Filing Status' column. Only after you have validated your record, uploaded the data to E-Plan, and completed your Consolidated Annual Registration Form will the status change from 'Not Filed' to 'Filed'. This will be discussed later in these instructions.

F	acility Information	You will need to verify all the information in the Tier II starting with the Facility Information. To check the
**	ields are Federal mandatory fields Fields are E-Plan mandatory fields button after updating any information on this page. Otherwise, the changes will not be saved.	data for separate facilities, click on the individual facility's name. If there is any unique information you need to add
Facility Details Facility Name * Firefly Shipworks, LTD, Hera Department Company Name * Allied Space Corporation Facility Email Fire District Report Year 2018 Facility Phone Number Facility Notes	Copy company name to other facilities Add to notes if facility: 1. Has been sold 2. Changed Name 3. Chemicals were removed 4. No longer operational.	 about the facility, you may do so in the Facility Notes box. This may include noting if the facility was sold, the name has changed, chemicals were removed (with the date), or if the facility is no longer operational. If you have selected 'Hazards Not Otherwise Classified' on any of your chemicals, you will need to
CO Se	you removed a previously reported facility or you mplete a Statement of Determination/Deregistra ction in your report. We also request that you er load it and make the appropriate notations in th	ation Form and upload it to the documents nail a copy of it to our office so that we ma



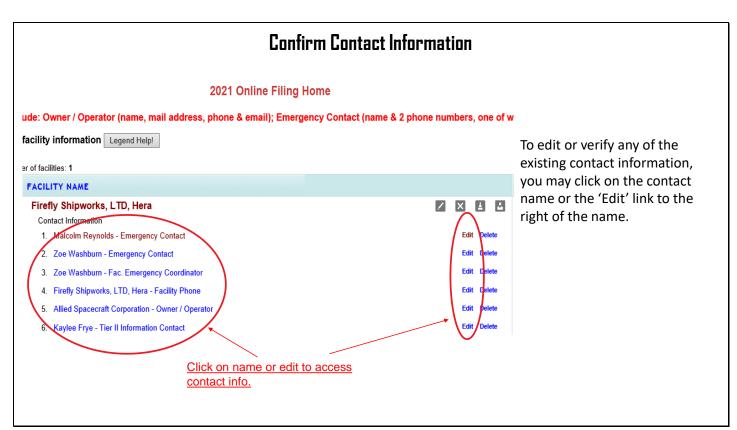
	Confirm Facility Information (cont'd.)	
Location Lookup Let(Lor Latitude * USNG Manned * Maximum No. of Occupants Note: Maximum No. of Occupants mus Type of Facility *	30 3865175 -84 23274509999999 16R GU 65906 64866 ● Yes ○ No	At the bottom of this page, enter or confirm the name of the person signing the report. This should be the Owner/Operator or an Authorized Representative
responsible for obtainin	enalty of law that I have personally examined and am familiar with the information contained in this submission, and that based on my ir ng the information, I believe the information submitted is true, accurate, and complete. al title of owner/operator OR s authorized representatives Signing the Tier II report Save & Continue Reset Cancel	with knowledge and/or responsibility for materials stored at the facility. Click 'Save & Continue' when finished.

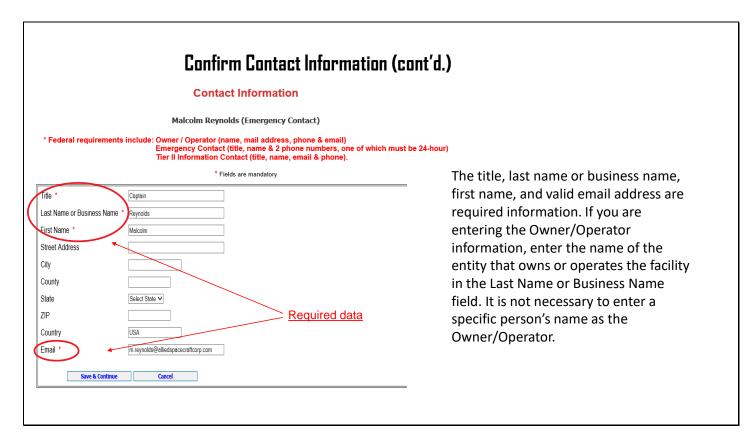
Confirm Facility Information (co	ınt'd.)
State Fields Documents Validate Record Required data Facility Identification • Report a 6-digit NAICS code and 9-digit Dun and Bradstreet number (Federal requirements) (Dun and Bradstreet: Non-business entities may enter "N/A") ID Type ID Value Description NAICS 3345111 Sarch, Detection, Navigation, Guidance, Aeronautical, and Nautical System and Instrument Manufacturing	On the next page you will list the Facility Identification information. Federal law requires, at a minimum, the 6-digit North American Industry Code System (NAICS) number and the 9-digit Dun and Bradstreet number. You may look up your NAICS code at <u>https://www.naics.com/search/</u> . If you do not have a Dun and Bradstreet,
Dun & Bradstreet None Edit[Delete] ID Type Select Type ID ID Value ID ID Description ID Add	simply enter '0'. You will also see other ID numbers listed here if your facility has filed over a number of years, one of which is the 'Florida Facility ID', or Florida SERC
To find your Dun and Bradstreet number go here: http://mycredit.dnb.com/search-for-duns-number/	Number. This is a number assigned by our office and will remain at that location in perpetuity. If you relocate to a new location, and there are no previous Tier II reports for that location, the state will assign a new SERC number to that location.

Confirm Facility Information (cont'd.)

		CURRENT FACILITY CONTACT LIST CH Firefly Shipworks, LTD., Hera (FacID: 58944 2555 Shumard Oak Blvd. Tallahassee, FL 32399, USA		Please select 'Yes' or 'No' for these
Facility Identification	State Fields	Documents	Validate Record	questions. If you are
		State Applicable Fie	elds	unsure, please contact our office for additional
	D	oes your facility have a written emergency response plan?	? Yes V	guidance.
	D	oes your facility have a hazardous materials response tea	am? Yes 🗸	
	D	oes your local fire department have an up-to-date pre-plar	n for your facility? Yes 🗸	
		Update & Continue Reset		
	Contact Us FAQ	E-PLAN ONLINE TIER2 SUBMIT - USER'S GUIDE E	E-PLAN ONLINE 302 SUBMIT - USER'S GUIDE	

	Docun	nent Upload		
		Federal mandatory fields		You will upload any relevant
I have submitte	ed a site plan. I a description of dikes and other s	safeguard measures		documentation on this page. This
	a list of site coordinate abbreviat	0		includes Safety Data Sheets (SDS),
No. Document ID	File Name	File Type File Catego		
986469	Styrene Monomer, Inhibited SDS.pdf	File SDS	Safety Data Sheet 🛛 📆	facility site plans or maps, and the
986470	Sulfuric Acid SDS.pdf	File SDS	Safety Data Sheet	Delete previously mentioned Statement of
	File types: PDF, DOC, JPG are on If entering a link, choose File type and put the link as http://someweb All Fields are Mandatory File Type File Type File Category SDS File File Description	as Link osite in the description fiel	A Please upload a s drawing. You may als SDSs, SODs, and a documents.	so add





Confirm Contact Informa		The Owner/Operator, Emergency
Contact Phone Information Malcolm Reynolds (Emergency Contact) * Federal requirements include: Owner / Operator (name, mail address, phone & email Emergency Contact (title, name & 2 phone numbers, on Tier II Information Contact (title, name, email & phone Work 850-555-5555 Edit Delete 24-hour 850-555-5550 Edit Delete	ne of which must be 24-hour)	 Contact, and Tier II Information Contact are all required under federal law. Additionally, facilities with an Extremely Hazardous Substance must also provide contact information for the Facility
Phone Type Select Phone Type V Phone Number		Emergency Coordinator.
Contact Us FAQ E-PLAN ONLINE TIER2 SUBMIT - USER'S GUIDE E-PLAN ONLINE 30		In addition to a work number, a 24- hour number must be provided for the Emergency Contact. In the example above you will see that one of the phone numbers is listed as '24-hour' as the Phone Type. If at least one phone number is not given this designation, E-Plan will not accept the Tier II when the record is validated.

	CURRENT FACILITY CONTACT LIST CHEMIC/ Firefly Shipworks, LTD., Hera (FacID: 5894462) 2555 Shumard Oak Blvd. Tallahassee, FL 32399, USA		
Association	Documents	Validate Record	d
	Associate Contact With Fa	cility	
	Malcolm Reynolds (Emergency Cont Note: You can associate "Malcolm Reynolds" with other fact the contact information can be copied to the other associated Facility Name Contact Type D:5894462) Firefly Shipworks, LTD., Hera Emergency C I Facilities and Contact Type Select Contact Type	lities such that facilities.	
(FacID:58	94462) Firefly Shipworks, LTD., Hera (Current facility) dd Reset	Next	JSER'S

me cases, one person may be the ict for multiple facilities or may in multiple contact roles at the facility. The facility you are working ill be highlighted in yellow.

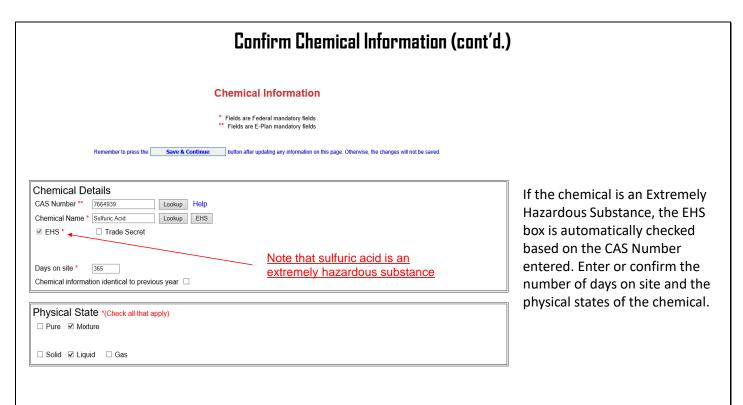
contact is, for example, the gency Contact for multiple facilities, nay add them to those facilities by ting the contact type from the dropmenu and then checking the box to the facility you wish to add them ou will then click the 'Add' button.

person will serve in multiple act roles for the current (highlighted) ty, click the drop-down arrow, select ontact type, check the box for the nt facility, then click the 'Add' on.

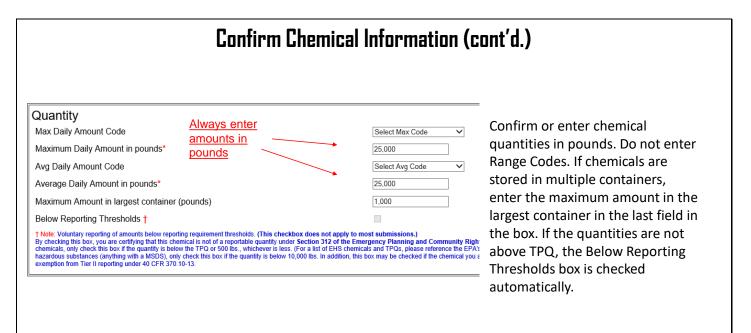
Confirm Chemical Information



To edit or verify any of the existing chemical information, you may click on the chemical name or the 'Edit' link to the right of the chemical. You may also copy chemical data to another facility in this Tier II report by clicking 'Copy'.



Physical Hazards *(Check all that apply) Copy chemical hazards to other chemicals	Health Hazards *(Cher		
□ Explosive	Skin corrosion or irritation	rexposure)	
□ Flammable (gases, aerosols, liquids, or solids)	Serious eve damage or eye irritation		
□ Oxidizer (liquid, solid or gas)			
□ Self-reactive	Respiratory or skin sensiti.	201011	
Pyrophoric (liquid or solid)	Germ cell mutagenicity		
Pyrophoric Gas	Carcinogenicity		
□ Self-heating	Reproductive toxicity		
Organic peroxide	Specific target organ toxic	ity (single or repeated exposure)	
Corrosive to metal	□ Aspiration hazard	If you select 'Hazard Not Otherwise Classi	
□ Gas under pressure (compressed gas)	Simple Asphyxiant	you will need to enter the specific hazard the Facility Notes portion of the Facility	
\Box In contact with water emits flammable gas		Information.	
Combustible Dust	Hazard Not Otherwise Cla	ssified	



Confirm Chemical Information (cont'd.)

	CURRENT FAC	CONTACT LIST rorks, LTD., Hera (FacID: 2555 Shumard Oak Bi Tallahassee, FL 32399.	vd.	E
ture Components		State Fields	00,1	Documents
Existing location	Chemi	ical Storage L	ocations	
	Sulf	uric Acid (CAS#: 76	64939)	
Location	Maximum Amount	Storage/Pressure/T	emperature Types	
Warehouse	3000.0 , pounds	Battery / Ambient pressu	re / Ambient temper	rature Edit Delete
Storage L	ocations			
Storage Type	*	Select Storage Type	~	Can add multiple
Pressure Typ	e*	Select Pressure Type	~	locations as neede
Temperature	Type*	Select Temperature Type	• 🗸	
Location*				Confidential
Maximum arr	ount at Location			Select unit V
Ad	d	Reset	Nex	t
L				

If the storage location has changed, update the location by clicking on 'Edit' in the far-right column. The information will populate in the box below. Make the necessary changes and click 'Update'. To add a location, simply complete the fields in this same box and click 'Add'.

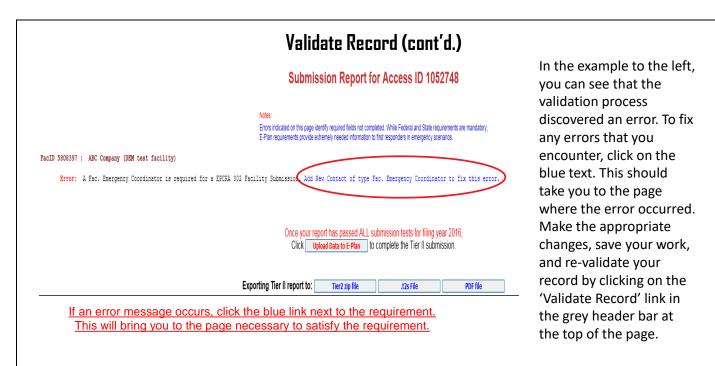
Important: Please be detailed when describing the location. Ex: Tank Farm in Northwest Corner of property. All fields must be completed for E-Plan to accept the entry.

Chemical Components	formation (cont'd.)	IST CHEMICAL LIST		
Sulfuric Acid (CAS#: 7664939)	2555 Shumard (Firefly Shipworks, LTD., Hera (FacID: 5894462) EDIT DELETE 2555 Shumard Oak Blvd. Tallahassee, FL 32399, USA		
Component Chemical Name CAS Number Max Code Percentage	State Fields	Doc		
CAS Number Lookup	State Applical	ole Fields		
Component Lookup	Sulfuric Acid (CAS	#: 7664939)		
EHS *	Frequency of Shipments	Annually 🗸		
Physical State	Mode of Shipments (Check all that appl	y):		
Code Select Max Code	Highway			
Percentage	Rail			
Add Reset Next	Pipeline			
	Ship or Barge			
not necessary to enter mixture components for all chemica	S Other	\checkmark		
orted on the Tier II, especially common substances like	Update & continue	Reset		
oline or diesel fuel. However, this screen is useful for				
orting specialty substances that are a mixture of several micals. Just be aware that all of the components listed shou	d			
l up to 100%. It may also be simpler to aggregate the micals and only report those substances that are at or above	Enter or confirm the frequ facility receives this substa			

Validate Record

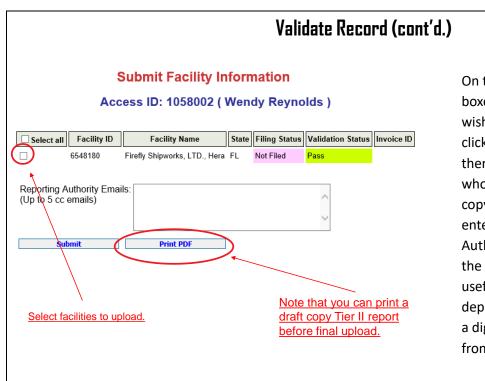
ILITY NAME		STATE	FILING STATUS
efly Shipworks, LTD, Hera iontact Information 1. Malcolm Reynolds - Emergency Contact 2. Zoe Washburn - Emergency Contact 3. Zoe Washburn - Fac. Emergency Coordinator 4. Firefly Shipworks, LTD, Hera - Facility Phone 5. Allied Spacecraft Corporation - Owner / Operator 5. Kaylee Frye - Tier II Information Contact hemical Information	Edit Delete Edit Delete Edit Delete Edit Delete Edit Delete Edit Delete Edit Delete	FL Current	Not Filed
1. Styrene Monomer, Inhibited (100-42-5)	Edit Delete Copy		
2. Sulfuric Acid (7664-93-9)	Edit Delete Copy		
William Provide the State Control of Contro of Control of Control of Control of Control of	te Record" to finalize filing		

After you have finished ating your Tier II ort, return to the ine Filing Home page licking on Tier2 g Management in gray header bar at top of the page. e that your status is 'Not Filed'. Next, will click on the date Record' button Validate Record at the tom of the Online ng Home page.



Validate Record (cont'd.) Submission Report for Access ID 1058002 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. Once the facility has passed all checks, click the 'Upload Data to E-Plan' button in the center of the page. If you wish to review a FacID 5894462 : Firefly Shipworks, LTD., He draft of the report before uploading, you Facility Passed all Checks With all errors corrected, the Tier II data can be uploaded to Emay download a copy in the desired file Plan. format. ALL submission tests for filing year 2021 Once vo Upload Data to E-Plan to complete the Tier II submission. Click Important: The report is not filed yet! Exporting Tier II report to: Tier2 zip file .t2s File **PDF** file

Slide 27



On the next screen, check the boxes for the facilities you wish to upload. You may also click the box for 'Select All'. If there are other parties to whom you wish to provide a copy of the Tier II, you may enter them in the 'Reporting Authority Emails' box below the facilities. This is especially useful if the local fire department prefers to receive a digital copy of the Tier II from the filer.

Consolidated Annual Registration Form

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



If someone other than the person completing the filing is responsible for paying the fee via credit card or electronic check, you may generate a login-free link by clicking this box. Once you click 'Submit' you will be redirected to a page to enter the email address of the card or bank account holder.

Slide 29

Consolidated Annual Registration Form cont'd. Note the fee rate is determined by your reported chemicals and answers to Under 'Registration Fee' these questions. **Registration Fee** answer all questions until no Please answer questions below to calculate the filing fees applicable for your submission other questions pop up. Note that some questions, Is your facility a governmental body (federal, state, country or local) facility? OYes ●No as in the case of the Does your facility have an extremely hazardous substance at or above threshold planning quantity? Yes ONO extremely hazardous Please have your method of payment ready BEFORE clicking on the Submit button. substance question in the example, are prepopulated **Calculated Fees** based on the chemicals Enter Number of employees (statewide) 0 Enter # of reported. Filing Rate \$ 10.00 employees then click on Filing Fees (Minimum \$25, Maximum \$2000) \$0 'Calculate Government entities do not Calculate Reset pay an annual fee. Submit Click 'Submit' to pay Enter the number of employees statewide and click the online. 'Calculate' button to determine the total fee for the year. Finally, click the 'Submit' button to be taken to the payment module.

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?

The questions above are examples of some of the additional questions that may pop up as you answer the Registration Fee questions. These questions determine the amount per employee your facility is required to pay. The minimum fee for any facility is \$25.00. Facilities with Extremely Hazardous Substances, or that do not qualify for a fee reduction based on the above questions, pay \$10.00 per employee, but not more than \$2,000.00 per year. Facilities that qualify for a fee reduction pay \$2.50 per employee, but not more than \$500.00 per year.

Once the transaction is complete, it is advised that you print the screen with your confirmation number. You will also receive an email with this number. Close the payment module window to return to E-Plan.

1 Payn	ent Type 2 Customer info	3 Payment	4	Submit Payment	Transaction Summary	
Transa	action Detail				TIER2 Annual Registration for FY 2021 \$1,000.00	After clicking 'Submit' you
sku	Description	Unit Price	Quantity	Amount	TO TAL \$1,000.00	redirected to the NIC new
1058002	TIER2 Annual Registration for FY 2021	\$1,000.00	1	\$1,000.00		
Payme					Need Help? Select Payment Method and Continue to proceed with payment.	payment system. The first s will display the fee type an amount. This is also where
	Payment Type * Select One	v		Next >		will select the method of payment (credit card or ba account). After you have m
Custon	ner Information					your selection click the 'Ne
Paymer	nt Information					button.
Can	cel					

Top of Page

New NIC Payment System (continued)

The next screen is where you will input the customer information. Please note that NIC assesses a \$3.00 service fee

for each transaction. If you do not wish to pay the services fee, you may cancel the transaction and mail in a check.

Bottom of Page

1 Paymer	t Type 2 Customer Info 3	Payment	(4) S	ubmit Payment	Transaction Summary	Company Name	
					nanoaonon oannary	Allied Spacecraft Corporation	
ransac	tion Detail				TIER2 Annual Registration for FY 2021 \$1,000.00	Address *	
	Brendefer	Unit Price	0		Service Fee \$3.00		
sku	Description		Quantity	Amount	TO TAL \$1,003.00	2555 Shumard Oak Blvd.	
1058002	TIER2 Annual Registration for FY 2021	\$1,000.00	1	\$1,000.00		Address 2	
otal				\$1,000.00	Need Help?		
aymer	•				Please complete the Customer Information Section.	City *	State *
aymer	ι					Tallahassee	FL - Florida 🗸
Payment	ayment Type					ZIP/Postal Code *	
coredit/Debit Card				Edit		32399	
						Phone Number *	
Custome	Information					555-555-5555	
Complete all required fields [*]				equired fields [*]		Email 🕐	
Unite	i States 🗸						
First N	ime * La:	st Name *					Next >
Kayle	P FI	rye					Next >

	Top of Page	2			em (continued) Bottom of Page		
1 Paym	ent Type 2 Customer Info	3 Payment	(4)	Submit Payment	Payment Information		
Transa	action Detail				Credit Card Number * 👔	Complete all required field Credit Card Type	
SKU	Description	Unit Price	Quantity	Amount			
1058002	TIER2 Annual Registration for FY 2021	\$1,000.00	1	\$1,000.00			
Total				\$1,000.00	Expiration Month *	Expiration Year *	
					Select a Month	Select a Year 🗸	
Payme	ont				Security Code * 🍘		
ayine							
Paymer	nt Type			× .			
				Edit	Name on Credit Card *		
	Credit/Deb	it Card					
Custom	ner Information			~		Next	
				Edit		next	
Address		none Number		Lun			
2555 S	Spacecraft Corporation shumard Oak Blvd.	555-555-5555			On page three you will	enter the credit card informati	
	issee, FL 32399	nail Address			As previously mentione	ed NIC assesses a \$3.00 service	
Country United		nan Address					
						you do not wish to pay the	
					services fee, you may c	ancel the transaction and mail	

New NIC Payment System (continued)

On the final page click 'Submit Payment' to complete your transaction. Once your payment has processed you will be directed back to E-Plan where you may download your Consolidated Annual Registration form (see example on the next slide).

