E-Plan Section 302 Notification Instructions



State of Florida Emergency Response Commission 2555 Shumard Oak Boulevard Tallahassee, FL 32399 (850) 815-4000



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 website 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,

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

Sign In



If you already have an account, you will enter your login information it in here. If you do not know your login, or if you are uncertain if your facility has an existing account, click on Forgot Access ID or Forgot Password to retrieve your login information. Note: Your email address must match the email that is reflected as the account owner, or the information will not be provided.

If you are assuming filing responsibilities from someone else, you will need to submit a request to E-Plan by clicking on the **Contact Us** link. E-Plan will ask you to verify your affiliation with the facility/company via email before providing login information.

If your facility is a new filer in the State of Florida, you will click on the orange 'Request New Account' button. Fill in the requested information and your account information will be emailed to you.

Do not create a new account if your company filed in prior vears!

# **Getting Started**



To begin your filing, go the E-Plan website at <u>https://erplan.net</u>



### **E-Plan Online Filing Submission Management**

Access ID: 1058002 (Wendy Reynolds)

EPCRA 312 (Tier2) EPCRA 302		
ENTER NEW DATA/ RETRIEVE OLD DATA	COPY DATA	IMPORT TIER2
Use this function to enter data for a new year or make changes to data of an year already submitted         • Select a year to file/retrieve Tier II data:         Select Filing Year          • Currently filed Years :         2018       2017	Use this function to copy data from a submitted year to any year up to the current filing year   Note:   Copy function will transfer all previously filed   Tier II data and site plans   From: Previous Year ♥ To: Filing Year ♥	Use this function to import an existing Tier2 '.zip', fier2 '.t2s', or CAMEO '.zip' file. <b>Note:</b> THE TIER2 OR CAMEO DATA FILES WILL IMPORTED WITHOUT AUTO FILING YEAR CONVERSION. FOR EXAMPLE, IF A TIER2 DATA FILE IS FOR YEAR 2018, IT WILL BE MPORTED AS YEAR 2018 SUBMISSION. YOU WILL NEED TO CONVERT THE FACILITY DAYA FROM 2018 TO THE FILING YEAR USING THE COPY DATA FUNCTION • NOTE THAT THE TIER2 '.ZIP' OR TIER2 '.T2S' FILE SHOULD CONTAIN ONE XML DATA FILE AND DOCUMENTS UNDER SitePlansTemp folder. • XML DATA FILE SHOULD HAVE XML TAGGED VALUES AND '.XML' FILE EXTENSION.
Continue	Copy Data	

Click the gold EPCRA 302 tab to go to the EPCRA 302 Online Notification Home page.

# **Online Filing Home Overview**



#### **EPCRA 302 Online Notification Home**

🔍 Searc	ch Existing Facili	ties Reset								
FACILIT	Y ID	FA	ACILITY NAME	5	TREET ADDRESS	СІТҮ		COUNTY		
Facility I	D	Fac	cility Name	s	reet Address	City		County		FIND
Followi Page 1 of	ngisthesub f1 1 To	mitted facility informatio	Dn Legend Help!					Add	New Facility D	elete Facilities
NO.	ID	FACILITY NAME						STATE	FILING STATUS	DELETE
1.	6787595	Firefly Shipworks, LT Contact Information 1. Malcolm Reynolds - 2. Zoe Washburn - Fac 3. Firefly Shipworks, LT 4. Allied Spacecraft Con 5. Kaylee Frye - Tier II	D., Hera (FL SERC: 5001 Emergency Contact Emergency Coordinator TD., Hera - Facility Phone Propration - Owner / Operator Information Contact	Use these in delete a fac chemical, o contact.	cons to edit or ility, add a new r add a new		Lunt Delet Edit Delet Edit Delet Edit Delet Edit Delet	E FL te te te te te	ent status.	

If you have previously filed a Tier 2 your facility information and contacts <u>MAY</u> already exist in the 302 Notification tab along with any previously reported Extremely Hazardous Substances (EHSs). If they are not, or you are a new filer or need to report for new facilities, click 'Add New Facility' on the right side of the page then use the gray icons next to the facility name to add your contacts. This page also reflects your filing status. After completing the steps described in these instructions, return to this page to confirm that the status has change from 'Not Filed' to 'Filed'.

You may return to this page from any page in the notification by clicking on 'EPCRA 302 Filing Management' in the gray header bar at the top of the page. **Be sure you have saved your information or changes first!** 

### **Confirm Facility Information**

Begin your filing by clicking on the facility's name to review the Facility Information. You will do this for each facility for which you are submitting a notification.

#### **EPCRA 302 Online Notification Home**

FACILITY NAME	STREET ADDRESS	ci	ТҮ	COUNTY	
Facility Name	Street Address	Cit	у	County	
ude: Owner / Operator (name, mail address, phone & email); Eme	ergency Contact (name & 2	phone numbers, one of	which must be 24	-hour); Tier II Information C	ontact (name, email
facility information Legend Help!	Verify	facility info or			Add New Facility
er of facilities: 1	add ne	ew facility			No of Results
			STATE	FILING STATUS	DELETE
Firefly Shipworks, LTD, Hera		/ X 1 1	FL	Not Filed	
Contact Information					
1. Malcolm Reynolds - Emergency Contact		Edit Delete			
2. Zoe Washburn - Emergency Contact		Edit Delete			
3. Zoe Washburn - Fac. Emergency Coordinator		Edit Delete			
4. Firefly Shipworks, LTD, Hera - Facility Phone		Edit Delete			
5. Allied Spacecraft Corporation - Owner / Operator		Edit Delete			
6. Kaylee Frye - Tier II Information Contact		Edit Delete			
Chemical Information					
1. Styrene Monomer, Inhibited (100-42-5)		Edit Delete Copy			

### **Facility Information**

* F	Fields	are F	ederal	mandatory	fields
**	Fields	s 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 *	Firefly Shipworks, LTD, Hera	
Department		
Company Name **	Allied Space Corporation	Copy company name to other facilities
Facility Email		
Fire District		
Report Year	2018	
Facility Phone Number	850-555-5555	
Facility Notes		$\sim$

At the top of the page enter, confirm, or update any required information, as indicated by red asterisks.

Physical Add	dress	
Street *	2555 Shumard Oak Blvd.	
City *	Tallahassee	
State *	FL V	



Scroll down the page to continue reviewing/entering the facility's information.

In the Location box, validate the latitude and longitude location of your facility. When you click on the Validate Lat/Long button you are presented with a Google map with a pin indicating the position of your facility based on the address you entered. If your facility is in a complex or industrial park that shares a common address, but has multiple buildings, you may drag the pin to the exact location of your facility within the complex.

Location Lookup Lat/Long	Validate Lat/Long
Latitude *	30.3865175
Longitude *	-84.232745099999999
USNG	16R GU 65906 64866
Manned *	● Yes ○ No
Maximum No. of Occupants *	800
Note: Maximum No. of Occupants must	be more than 0 if you select "Yes" on Manned.
Type of Facility *	<ul> <li>Yes</li> <li>No EPCRA 302 Facility (Emergency Planning) More Info</li> <li>Yes</li> <li>No EPCRA 311 Facility More Info</li> <li>Yes</li> <li>No EPCRA 313 Facility (Tier2) More Info</li> <li>Yes</li> <li>No EPCRA 313 Facility (TRI) More Info</li> <li>Yes</li> <li>No CAA 112 Facility (RMP-Chemical Accident Prevention) More Info</li> </ul>

#### 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 Owner/Operator's authorized representative	OR		
Signature * Wendy Reynolds	Signing the Section	on 302 Notifica	<u>tion</u>
	Save & Continue	Reset	Cancel

Maximum No. of Occupants refers to the number of people permitted in the building at any one time by state building codes. For more information on Florida Building Codes go to https://floridabuilding.org/c/default.a spx

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 with knowledge and/or responsibility for materials stored at the facility. Click 'Save & Continue' to advance to the next page.



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 Select Type V		
	ID	Value		
	D	escription		
		Add Reset Next		

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

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 https://www.naics.com/search/.

If you do not have a Dun and Bradstreet, simply enter '0'.

You may also see additional ID numbers listed here if your facility has filed over a number of years, including the 'Florida Facility ID', or Florida SERC Number. This is a number assigned by our office and will remain at that location in perpetuity. If this is a new facility, please contact our office so that we may assign a number. You will not be able to pay your fees until the facility is assigned a SERC Number.

Click 'Next' to advance to the next page.

### **Document Upload**

\* Fields are Federal mandatory fields

I have submitted a site plan.

I have attached a description of dikes and other safeguard measures.

 $\hfill\square$  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	Leton	Delete
2	986470	Sulfuric Acid SDS.pdf	File	SDS	Safety Data Sheet		Delete



Upload any relevant documentation on this page, including Safety Data Sheets (SDS) or facility site plans or maps. Select the type of document you wish to upload from the File Category dropdown menu, browse your computer for the document, then select the desired file. Finally, enter a description and click 'Upload'.

You may click 'Next (Add Contact)' to begin adding contacts or EPCRA 302 Filing Management to return to the Notification Home page.

### Confirm Contact Information

#### EPCRA 302 Online Notification Home

ude: Owner / Operator (name, mail address, phone & email); Emergency Contact (name & 2 phone numbers, one of w

facility information Legend Help!

er of facilities: 1

#### FACILITY NAME



To review an existing contact's information, click on the contact's name, or the 'Edit' link to the right of the name. This will take you to the pages to make any changes to their email, title, and phone number.

To enter a new contact click on the **H**icon.

lf the contact person has changed, you may overwrite the information in these screens instead of adding a new contact from the Online Filing Home page.

or update 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

Enter/update the title, last name or business name, first name, and valid email address are required information.

If you are entering the Owner/Operator information, enter the name of the entity that owns or operates the facility in the Last Name or Business Name field. Do not enter a specific person's name as the Owner/Operator unless it is the name of the business.

Click Save & Continue to advance to the next page.

#### Confirm Contact Information (cont'd.) Minimum Federal requirements. Contact Phone Information Maicolin 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

Select Phone Type V

Reset

Phone Type

Phone Number

Add

To change a phone number, click 'Edit' next to the number. This will populate in the Phone Number filed below the table and the 'Add' button will change to 'Update'. Make the desired changes and click the 'Update' button. When finished, click 'Next' to be taken to the next screen.

The Owner/Operator, Emergency Contact, and Tier II Information Contact are all required under federal law.

Next

Facilities with an Extremely Hazardous Substance must also provide contact information for the Facility Emergency Coordinator. If this applies to your facility, click on the 'Tier2 Filing Management' in the gray header bar at the top of the page (not shown) and add a new contact using the  $\begin{bmatrix} 1 \\ 1 \end{bmatrix}$  icon next to the facility's name.

Two phone numbers are required for the Emergency Contact, one of which must be designated '24-hour' as the Phone Type. E-Plan will not accept the notification when the record is validated if this requirement is not met.

### **Confirm Contact Information**

#### **EPCRA 302 Online Notification Home**



#### **Chemical Information**



Enter the CAS Number or Chemical Name and click the 'Lookup' button. Select the appropriate chemical from the drop-down list and click 'Use Chemical'.

Enter or confirm the number of days on site and the physical states of the chemical.

□ Solid ☑ Liquid □ Gas

Physical Hazards *(Check all that apply)	Health Hazards *(Check all that apply)			
Copy chemical hazards to other chemicals	Acute toxicity (any route of exposure)			
□ Explosive	Skin corrosion or irritation			
Flammable (gases, aerosols, liquids, or solids)	Serious eye damage or eye irritation			
Oxidizer (liquid, solid or gas)	Respiratory or skin sensitization			
□ Self-reactive	Germ cell mutagenicity			
Pyrophoric (liquid or solid)				
Pyrophoric Gas				
Self-heating	Reproductive toxicity			
Organic peroxide	Specific target organ toxicity (sir	igle or repeated exposure)		
✓ Corrosive to metal	Aspiration hazard	If you select 'Hazard Not Otherwise Classified,		
□ Gas under pressure (compressed gas)	□ Simple Asphyxiant	you will need to enter the specific hazard in the Facility Notes portion of the Facility		
In contact with water emits flammable gas		Information.		
Combustible Dust	□ Hazard Not Otherwise Classified	1		

At least one Physical or Health Hazard must be selected. If 'Hazard Not Otherwise Classified is selected, you will need to enter the specific hazard in the Facility Notes portion of the Facility Information. This information is available on the Safety Data Sheet for the chemical.



Confirm or enter chemical quantities in pounds. Do not enter Range Codes. If chemicals are stored in multiple containers, enter the maximum amount in the largest container in the last field in the box.

† 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 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 a exemption from Tier II reporting under 40 CFR 370.10-13.

CURRENT FAC	ILITY CONTACT LIST CHEMICAL	. LIST
Firefly Shipw	o <mark>rks, LTD., Hera (FacID: 5894462)</mark> ⊫ 2555 Shumard Oak Blvd. Tallahassee, FL 32399, USA	DIT DELETE
xture Components	State Fields	Documents
Existing location Chem	ical Storage Locatio uric Acid (CAS#: 7664939)	ns
Location Maximum Amount	Storage/Pressure/Temperature	Types
Warehouse 8000.0 , pounds	Battery / Ambient pressure / Ambient	temperature Edit Delete
Storage Locations Storage Type*	Select Storage Type	Can add multiple
Pressure Type*	Select Pressure Type	
Temperature Type*	Select Temperature Type	
Location*		Confidential
Maximum amount at Location		Select unit 🗸
Add	Reset	Next

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. A separate location should be entered for each area where chemicals are stored. All fields must be completed for E-Plan to accept the entry.

### **Chemical Components**

#### Sulfuric Acid (CAS#: 7664939)

Component Chen	nical Name CAS Number Max Code Percentage
Mixture Compo	nents
CAS Number	Lookup Help
Component	EHS
EHS *	
Physical State	🗆 Gas 🗆 Liquid 🗆 Solid
Maximum Amount Code	Select Max Code 🗸
Percentage	
Add	Reset Next

If you are reporting a specialty or name-brand product that is a mixture that contains an EHS, use this screen to enter the components. Just be aware that all of the components listed should add up to 100%. Please contact our office if you need additional guidance.

Click EPCRA 302 Filing Management to return to the Notification Home page.

### Validate Record

#### **EPCRA 302 Online Notification Home**

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

d facility information Legend Help!

nber of facilities: 1

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

After you have finished entering your data, you are ready to validate the record and complete the notification. Click on the 'Validate Record' button Validate Record at the bottom of the EPCRA 302 Online Notification Home page.

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



# 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.

FacID 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 2022, Click Upload Data to E-Plan to complete your submission.

Exporting Tier II report to: Tier2 zip file .t2s File PDF file

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. In the example to the left, you can see that the validation process discovered an error. To fix any errors that you encounter, click on the blue text. This should take you to the page where the error occurred. Make the appropriate changes, save your work, and revalidate your record by clicking on the 'Validate Record' link in the gray header bar at the top of the 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 draft of the report before uploading, you may download a copy in the desired file format.

#### Important: The report is not filed yet!

# Validate Record (cont'd.)

### **Submit Facility Information**

### Access ID: 1058002 (Wendy Reynolds)



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 provide a copy of the to notification, you may enter them the 'Reporting Authority in Emails' box below the facilities. This is especially useful if the local fire department prefers to receive a digital copy of the Tier II via email.

# **Consolidated Annual Registration Form**

#### FLORIDA STATE EPCRA 302 CONSOLIDATED REGISTRATION FORM

Submission	Information
Company Name *	Allied Spacecraft Corporation
Business Mailing Address (Street or P.O. Box) *	2555 Shumard Oak Blvd.
City *	Tallahassee
State *	FL V
Zip *	32399
Telephone *	555-555-1234
Contact Person *	Malcolm Reynolds
Title *	Captan
Check this box to generate a Payment Link (with	iout Login) 🗆 🧍

#### **EPCRA 302 Facilities**

Please select the facility, or facilities applicable for your submission

If someone other than the person completing the filing is responsible for paying the fee via credit card or electronic check, click this box to generate a payment link that does not require a login. Once you click 'Submit' you will be redirected to a page to enter the email address of the card or bank account holder.

	SELECT	SERC ID	FACILITY INFO
(		50015	Firefly Shipworks, LTD., Hera 2555 Shumard Oak Blvd. Tallahassee, FL 32399 Latitude: 30.3865175, Longitude: -84.23274509999999
			Chemical Name : SULFURIC ACID (7664939, 1000.0 lb)

Submit

Check the box next to the facility for which you are submitting a notification and click the 'Submit' button at the bottom of the page.

# Note all fields are required.

**Calculated Fees** 

Filing Fees

Number of Facilities Selected

x \$50.00

Reset

1

\$ 50.00 Calculate

# **NIC Payment System**

1 Payment	Type 2 Custome	r Info <b>3</b> Payn	nent		Transaction Summary
Transact	tion Detail				302 Registration
					TOTAL
SKU	Description	Unit Price	Quantity	Amount	
1058002	302 Registration	\$50.00	1	\$50.00	
Total				\$50.00	Need Help?

Payment

Payment Type			
	Payment Type *		
	Select One	~	
			Next >
Customer Information			
Payment Information			
Cancel			

302 Registration	\$50.00
TOTAL	\$50.00

Select Payment Method and Continue to proceed with payment.

After clicking 'Submit' you will be redirected to the NIC new epayment system. The Payment Type tab displays the fee type and amount and asks for the payment method. Select the method of payment (credit card or bank account) from the drop-down menu and click the 'Next' button.

# NIC Payment System (continued)

Enter the customer information on the Customer Info tab and click 'Next'. <u>Please note that NIC assesses a \$3.00 service fee for each</u> <u>transaction.</u> If you do not wish to pay the services fee, you may cancel the transaction and mail in a check.

#### **Top of Page**

### **Bottom of Page**

<b>1</b> Payment	Type 2 Customer	info 3 Payr	nent		<b>T</b>	Company Name	
					Iransaction Summary	Allied Spacecraft Corporation	
Transact	ion Detail				302 Registration \$50.00	Address *	
					Service Fee \$3.00	2555 Shumard Oak Blvd.	
SKU	Description	Unit Price	Quantity	Amount	TOTAL \$53.00	Address 2	
1058002	302 Registration	\$50.00	1	\$50.00			
Total				\$50.00	Need Help?	City *	State *
Payment					You have selected to pay by credit card. Complete	Tallahassee	FL - Florida 🗸
, aymont					Customer Billing Information and enter Credit Card Information.	ZIP/Postal Code *	
Payment Ty	уре			× .		32399	
				Edit		Phone Number *	
	c	redit/Debit Card				555-555-1234	
	· · · ·					Email 😰	
Customer I	Information						
Country *	×		Com	plete all required fields [ * ]			Next >
United	States	~				Payment Information	
First Nam	ne *	Last Name	• *				
Malcolm	n	Reynolds	;			Cancel	

# NIC Payment System (continued)

### **Top of Page**

1 Payment Typ	e <b>2</b> Customer Info	3 Paymen	t 4	
Transactio	n Detail			
SKU	Description	Unit Price	Quantity	Amount
1058002	302 Registration	\$50.00	1	\$50.00
Total				\$50.00
Payment	9			~
	Cred	it/Debit Card		Edit
Customer Infe	ormation			×
Address Malcolm Reynd Allied Spacecr 2555 Shumard Tallahassee, F	olds aft Corporation I Oak Blvd. L 32399	Phone Number 555-555-1234	4	Edit
Country United States		Email Address		

### **Bottom of Page**

Credit Card Number * 🥑	c	Credit Card Type	DISCO	mplete all	required fields
Expiration Month *	E	xpiration Year *			
Select a Month		Select a Year	~		
Name on Credit Card *					
					Next >

Enter the credit card information on the Payment tab and click 'Next'. As previously mentioned, <u>NIC assesses a \$3.00 service fee</u> for each transaction. If you do not wish to pay the services fee, you may cancel the transaction and mail in a check.

# NIC Payment System (continued)



Click HERE (FL 302 REG) for Florida EPCRA 302 REGISTRATION.

On the final page click 'Submit Payment' to complete your transaction. Once the transaction is complete, you will be automatically redirected back to E-Plan.

In E-Plan, click on the Invoice link in the gray bar at the top of the page to download the Florida EPCRA 302 Registration Form.