



2020 ERS Participation Form

Please complete and return to the APA

Agillespie@americanpyro.com

APA
7910 Woodmont Ave., Suite 1220
Bethesda, MD 20814
FAX - (301) 907-4198

- ☐ Yes, my company would like to participate in the 2020 APA ERS 24-hour emergency notification program administered by ChemTel. I have enclosed a registration form (one for each entity or location you wish to register) and agree to pay the \$125 fee for each entity/location registered. (For example – 1 location \$125, 2 locations \$250 3 locations \$375, etc.)

___ Check Enclosed

___ Please charge my credit card (Visa, Master Card, or Amex only)

Credit Card Number

Expiration Date

Security Code

- ☐ No, we do not require ERS coverage at this time. **PLEASE NOTE:** If you elect to receive coverage from an alternative provider, make sure that all your shipping papers are updated so they no longer reference ChemTel and ChemTel issued *contract number(s)*.

Company Name: _____

Address: _____

City, State, Zip: _____

Contact: _____