

**PAPERWORK REDUCTION ACT  
EMERGENCY EXTENSION**

Agency/Subagency

OMB control number

—  
— — — — —

**Current record**

**New record\*\***

Expiration date

\_\_\_\_/\_\_\_\_  
month / year

\_\_\_\_/\_\_\_\_  
month / year

Reason for emergency extension request

Signature of Senior Official or designee:

Date:

For OIRA Use

\_\_\_\_\_

\*\*Three month maximum allowed from current expiration date.