

**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.