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.