

# PAPERWORK REDUCTION ACT EMERGENCY EXTENSION

Agency/Subagency	OMB control number  _____ - _____
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	<b>Current record</b>	<b>New Record **</b>
Expiration date	month / year	month / year

Reason for emergency extension request

Signature of Senior Official or designee:	Date:	For OIRA Use  _____ _____
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\*\* Three month maximum allowed from current expiration date.