



NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE APPLICATION

PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

IMPORTANT - PLEASE PRINT OR TYPE

NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER		DIRECT BILL INSTRUCTIONS <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL SECOND MTGEE <input type="checkbox"/> BILL LOSS PAYEE <input type="checkbox"/> BILL OTHER		NEW <input type="checkbox"/> RNWL	CURRENT POLICY NUMBER
AGENCY NO: PHONE (A/C, No, Ext):	FAX (A/C, No):	WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> MAP REV (ZONE CHANGE FROM NON-SFHA TO SFHA) - ONE DAY		LOAN TRANSACTION - NO WAITING LENDER REQUIRED - NO WAITING (SFHA ONLY)	
AGENT'S TAX ID:		POLICY PERIOD IS FROM (MM/DD/YYYY) TO (MM/DD/YYYY)		12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION	
NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF INSURED			PROPERTY LOCATION IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX)		
IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK THE GOVERNMENT AGENCY:		SBA <input type="checkbox"/> FEMA <input type="checkbox"/>	FHA <input type="checkbox"/>	ENTER CASE FILE NUMBER:	
NAME AND ADDRESS OF FIRST MORTGAGEE			IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, COMPLETE THE FOLLOWING, INCLUDING THE NAME AND ADDRESS. <input type="checkbox"/> SECOND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> OTHER (SPECIFY):		
LOAN NO: PHONE (A/C, No, Ext):		FAX (A/C, No):		LOAN NO: PHONE (A/C, No, Ext):	
RATING MAP INFORMATION NAME OF COUNTY / PARISH:		GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/>		BUILT IN COMPLIANCE? <input type="checkbox"/>	
COMMUNITY NO. / PANEL NO. AND SUFFIX: -		CONTINUOUS COVERAGE? <input type="checkbox"/> PRIOR POLICY NO. _____			
FIRM ZONE: -		CURRENT COMMUNITY NO. / PANEL NO. AND SUFFIX _____			
COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY		CURRENT FIRM ZONE: -		CURRENT BFE: _____	
IS INSURED BUILDING OWNED BY STATE GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO			

CONSTRUCTION

BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2 - 4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INC HOTEL/MOTEL)		NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ ENCLOSED AREA, IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT-LEVEL		CONDO FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		BUILDING USE <input type="checkbox"/> MAIN HOUSE/BUILDING <input type="checkbox"/> DETACHED GUEST HOUSE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> AGRICULTURAL BUILDING <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> POOLHOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> OTHER: _____	
BASEMENT, ENCLOSURE, CRAWLSPACE <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> SUBGRADE CRAWLSPACE		TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) MANUFACTURED MOBILE HOME / TRAVEL TRAILER ON FOUNDATION		CONDO COVERAGE IS FOR <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING		IS BUILDING WALLED AND ROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS BUILDING OVER WATER? <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY	
IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS _____		RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY TOTAL NUMBER OF UNITS _____ (INCLUDE NON-RES)		ESTIMATED REPLACEMENT COST AMOUNT \$ _____		IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES", AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION	
		IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF BUILDING IS ELEVATED, COMPLETE PART 2 OF THE APPLICATION				FOR MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS, COMPLETE PART 2, SECTION III.	

CONTENTS LOCATED IN

<input type="checkbox"/> BASEMENT / ENCLOSURE	<input type="checkbox"/> BASEMENT / ENCLOSURE AND ABOVE	<input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL	<input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)
IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", PLEASE DESCRIBE: _____			

ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX)

<input type="checkbox"/> BUILDING PERMIT DATE	<input type="checkbox"/> MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES	DATE _____ (MM/DD/YYYY)
<input type="checkbox"/> DATE OF CONSTRUCTION	<input type="checkbox"/> MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT	
<input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE		

IS BUILDING POST-FIRM CONSTRUCTION? YES NO

IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1- V30, VE OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.

BUILDING DIAGRAM NUMBER _____ LOWEST ADJACENT GRADE (LAG) _____ ELEVATION CERTIFICATION DATE _____

LOWEST FLOOR ELEVATION _____ (-) BASE FLOOD ELEVATION _____ (=) DIFFERENCE TO NEAREST FOOT _____ (+ OR -)

IN ZONES V AND V1-V30 ONLY DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? YES NO

IS BUILDING FLOOD-PROOFED? YES NO

SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM

COVERAGE AND RATING

DEDUCTIBLE: BUILDING \$		CONTENTS \$		DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO						
COVERAGE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE PREM REDUC / INCREASE	BASIC AND ADDITIONAL TOTAL AMOUNT OF INSURANCE	TOTAL PREMIUM	
	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM				
BUILDING			.00			.00	.00		.00	
CONTENTS			.00			.00	.00		.00	
RATE TYPE (ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED)							ANNUAL SUBTOTAL		\$	
<input type="checkbox"/> MANUAL	<input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM	<input type="checkbox"/> LEASED FEDERAL PROPERTY	PAYMENT OPTION				ICC PREMIUM			
<input type="checkbox"/> ALTERNATIVE	SUBMIT FOR RATING		<input type="checkbox"/> CREDIT CARD				SUBTOTAL			
<input type="checkbox"/> PROVISIONAL RATING	V-ZONE RISK FACTOR RATING FORM		OTHER:				CRS PREMIUM DISCOUNT _____ %			
THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE LAST PAGE OF THIS FORM.							SUBTOTAL			
							PROBATION SURCHARGE		+	
							FED POLICY FEE		+	
SIGNATURE OF APPLICANT _____							DATE (MM/DD/YYYY)		TOTAL PREPAID AMOUNT	\$
SIGNATURE OF INSURANCE AGENT/BROKER _____							DATE (MM/DD/YYYY)			

PLEASE ATTACH TO NFIP OR WYO COPY OF THE APPLICATION A CHECK OR MONEY ORDER FOR THE TOTAL PREPAID PREMIUM MADE PAYABLE TO NFIP OR WYO

SPECIAL NOTE TO INSURANCE AGENT: SEND ORIGINAL TO NFIP OR WYO, KEEP A SECOND COPY FOR YOUR RECORDS, GIVE A THIRD COPY TO INSURED AND A FOURTH COPY TO MORTGAGEE

IMPORTANT - COMPLETE PART 1 AND PART 2 BEFORE SENDING APPLICATION TO NFIP OR WYO - IMPORTANT

PART 2 (OF 2) OF FLOOD INSURANCE APPLICATION

IMPORTANT - PLEASE PRINT OR TYPE

ALL APPROPRIATE DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PART OF THE APPLICATION MUST BE COMPLETED FOR THE FOLLOWING BUILDING TYPES:

<input type="checkbox"/> NEW	CURRENT POLICY #
<input type="checkbox"/> RNWL	

1. Post-FIRM construction located in Zones A, A1-A30, AE, AH, AO, V, V1- V30 and VE.
2. Pre-FIRM construction located in Zones A, A1-A30, AE, AH, AO, V, V1- V30 and VE when using optional Post-FIRM rating.

SECTION I - ALL BUILDING TYPES

<p>1. Diagram number selected from Building Diagram 1 - 9: _____</p> <p>2. The lowest floor is (round to the nearest foot): _____ feet <input type="checkbox"/> above <input type="checkbox"/> below (check one) the lowest ground (grade) immediately next to the building.</p> <p>3. The garage floor (if applicable) or elevated floor (if applicable) is (round to the nearest foot): _____ feet <input type="checkbox"/> above <input type="checkbox"/> below (check one) the lowest ground (grade) immediately next to the building.</p> <p>4. Machinery or equipment located at a level lower than the lowest floor is (round to the nearest foot): _____ feet below the lowest floor.</p> <p>5. Site Location a) Approximate distance of site location to the nearest shoreline: <input type="checkbox"/> Less than 200 feet <input type="checkbox"/> 500 to 1000 feet <input type="checkbox"/> 200 to 500 feet <input type="checkbox"/> More than 1000 feet b) Source of Flooding <input type="checkbox"/> Ocean <input type="checkbox"/> River / Stream <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____</p> <p>6. Basement / Subgrade Crawlspace a) Is the basement / subgrade crawlspace floor below grade on all sides? <input type="checkbox"/> YES <input type="checkbox"/> NO b) Does the basement / subgrade crawlspace contain machinery or equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, check the appropriate items:</p> <table border="0"> <tr> <td><input type="checkbox"/> Furnace</td> <td><input type="checkbox"/> Heat Pump</td> <td><input type="checkbox"/> Air Conditioner</td> </tr> <tr> <td><input type="checkbox"/> Hot Water Heater</td> <td><input type="checkbox"/> Fuel Tank</td> <td><input type="checkbox"/> Cistern</td> </tr> <tr> <td><input type="checkbox"/> Elevator Equipment</td> <td><input type="checkbox"/> Washer & Dryer</td> <td><input type="checkbox"/> Food Freezer</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other Equipment or Machinery Servicing the Building</td> </tr> </table> <p>7. Garage a) Is the garage attached to or part of the building? <input type="checkbox"/> YES <input type="checkbox"/> NO b) Total area of the garage: _____ square feet c) Are there any openings (excluding doors) that are designed to allow the passage of flood waters through the garage? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, number of permanent openings (flood vent) within one (1) foot above the adjacent grade: _____ Total area of all permanent openings (flood vents): _____ square inches. d) Is the garage used solely for parking of vehicles, building access, and/or storage? <input type="checkbox"/> YES <input type="checkbox"/> NO e) Does the garage contain machinery or equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, check the appropriate items:</p> <table border="0"> <tr> <td><input type="checkbox"/> Furnace</td> <td><input type="checkbox"/> Heat Pump</td> <td><input type="checkbox"/> Air Conditioner</td> </tr> <tr> <td><input type="checkbox"/> Hot Water Heater</td> <td><input type="checkbox"/> Fuel Tank</td> <td><input type="checkbox"/> Cistern</td> </tr> <tr> <td><input type="checkbox"/> Elevator Equipment</td> <td><input type="checkbox"/> Washer & Dryer</td> <td><input type="checkbox"/> Food Freezer</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other Equipment or Machinery Servicing the Building</td> </tr> </table> <p>f) Does the garage have more than 20 linear feet of finished wall, paneling, etc? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<input type="checkbox"/> Furnace	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Hot Water Heater	<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Cistern	<input type="checkbox"/> Elevator Equipment	<input type="checkbox"/> Washer & Dryer	<input type="checkbox"/> Food Freezer	<input type="checkbox"/> Other Equipment or Machinery Servicing the Building			<input type="checkbox"/> Furnace	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Hot Water Heater	<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Cistern	<input type="checkbox"/> Elevator Equipment	<input type="checkbox"/> Washer & Dryer	<input type="checkbox"/> Food Freezer	<input type="checkbox"/> Other Equipment or Machinery Servicing the Building		
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<input type="checkbox"/> Other Equipment or Machinery Servicing the Building																									

**SECTION II - ELEVATED BUILDINGS
(Including Manufactured [Mobile] Homes / Travel Trailers)**

<p>8. Elevating foundation of the building: <input type="checkbox"/> Piers, posts or piles <input type="checkbox"/> Reinforced masonry piers or concrete piers or columns <input type="checkbox"/> Reinforced concrete shear walls <input type="checkbox"/> Solid perimeter walls Note: (Not approved for elevating in Zones V1- V30, VE or V).</p> <p>9. Does the area below the elevated floor contain machinery or equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, check the appropriate items: <input type="checkbox"/> Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Hot Water Heater <input type="checkbox"/> Fuel Tank <input type="checkbox"/> Cistern <input type="checkbox"/> Elevator Equipment <input type="checkbox"/> Washer & Dryer <input type="checkbox"/> Food Freezer <input type="checkbox"/> Other Equipment or Machinery Servicing the Building</p> <p>10. Area below the elevated floor a) Is the area below the elevated floor enclosed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, check one of the following: <input type="checkbox"/> Partially <input type="checkbox"/> Fully If 10a is "NO", do not answer 10b through 10f b) If enclosed, estimate size of enclosed area / crawlspace: _____ square feet</p>	<p>c) Is the area below the elevated floor using materials other than insect screening or light wood lattice? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, check one of the following: <input type="checkbox"/> Breakaway walls <input type="checkbox"/> Masonry walls <input type="checkbox"/> Solid wood frame walls <input type="checkbox"/> Other: _____</p> <p>d) Is the enclosed area / crawlspace constructed with openings (excluding doors) to allow the passage of flood waters through the enclosed area? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, number of permanent openings (flood vent) within one (1) foot above the adjacent grade: _____ Total area of all permanent openings (flood vents): _____ square inches. e) Is the enclosed area / crawlspace used for any purpose other than solely for parking of vehicles, building access or storage? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____ _____ _____</p> <p>f) Does the enclosed area / crawlspace have more than twenty (20) linear feet of finished wall, panelling, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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SECTION III - MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS

<p>11. Manufactured (Mobile) Home Data Make: _____ Year of Manufacture: _____ Model Number: _____ Serial Number: _____</p> <p>12. Manufactured (mobile) home dimensions: _____ X _____ feet</p> <p>13. Are there any permanent additions or extensions to the manufactured (mobile) home? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, the dimensions are: _____ X _____ feet</p>	<p>14. The manufactured (mobile) home's anchoring system utilizes: <input type="checkbox"/> Over-the-top ties <input type="checkbox"/> Ground Anchors <input type="checkbox"/> Frame ties <input type="checkbox"/> Slab Anchors <input type="checkbox"/> Frame connectors <input type="checkbox"/> Other: _____</p> <p>15. The manufactured (mobile) home was installed in accordance with: <input type="checkbox"/> Manufacturer's specifications <input type="checkbox"/> Local floodplain management standards <input type="checkbox"/> State and/or local building standards</p> <p>16. Is the manufactured (mobile) home located in a manufactured (mobile) home park/subdivision? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

SIGNATURE OF INSURANCE AGENT / BROKER

DATE (MM/DD/YYYY)

SIGNATURE OF APPLICANT

DATE (MM/DD/YYYY)

**FLOOD INSURANCE
FLOOD INSURANCE APPLICATION**

NONDISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Severe Repetitive Loss property owners and Preferred Risk Policy owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flood event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Providing the information is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

GENERAL

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended) dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

AUTHORITY

Public Law 96-511, amended, 44 U.S.C. 3507; and 5 CFR 1320.

PAPERWORK BURDEN DISCLOSURE NOTICE

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