

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
FEDERAL HOTEL AND MOTEL FIRE SAFETY DECLARATION FORM

O.M.B. NO. 1660-0068
Expires April 30, 2009

**Use this form to report your property's compliance with the Hotel and Motel Fire Safety Act of 1990 (P.L. 101-391).
 Compliant properties will be added to the National Master List (NML).**

This form is being submitted to (Check one):

Add a previously unlisted property Change listing FEMA # : _____ Delete listing FEMA # : _____

Property type (Check one): Hotel/Motel Bed & Breakfast Apartment Building College/University

Property Information (Bolded information is required.)

Property Name

General Manager

Federal Employer ID Number (EIN)

Street Address

City

State

Zip Code

P.O. Box

Phone Number

Fax Number

Property E-mail Address

Web Site Address

Smoke Alarms Check One : Yes No

Each guestroom is equipped with at least one hard-wired single station smoke alarm installed in accordance with National Fire Protection Association (NFPA) Standard 72.

Note: Smoke alarms that are solely battery-operated do **not** qualify.

Automatic Sprinkler Systems (required unless three stories or fewer in height)

Number of Floors : _____

- 1. If sprinkler installed on or after October 25, 1992** -- This property has an automatic sprinkler system installed in accordance with NFPA Standard 13 or 13R, whichever is appropriate, in accordance with the requirements of the Act.
- 2. If sprinkler installed before October 25, 1992** -- This property has an automatic sprinkler system installed in compliance with an applicable standard (adopted by the governmental authority having jurisdiction, and in effect, at the time of installation), provided such standard required the placement of a sprinkler head in the sleeping area of each guestroom.
- 3.** This property does not exceed three stories in height and is therefore exempted from the Act's automatic fire sprinkler requirements.

E-mail, Fax or Mail the completed form to the United States Fire Administration

I hereby attest that the information supplied on this form is true and accurate to the best of my knowledge and belief. Therefore,

_____ (name of property) is entitled to be included in the National Master List (NML) of public accommodations compiled by the United States Fire Administration. I understand that this information is subject to verification by Federal, state, and local authorities, and that I am subject to fines of up to \$ 10,000 and/or imprisonment for up to five years if I knowingly make false or fraudulent statements to the government.

Printed Name (contact)	Signature (Not required for e-mail)	Date
Title	Organization	Phone Number
E-mail	Fax #	

**For more information contact the U.S. Fire Administration, 16825 S. Seton Ave. Emmitsburg, MD 21727
 Tel. 301-447-1358, www.usfa.dhs.gov/hotel, Fax 301-447-1651**

PAPERWORK BURDEN DISCLOSURE NOTICE
Property Owners/Managers

Public reporting burden for this form is estimated to average 15 minutes per response to complete the form and 3 minutes to submit changes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data and financial resources expended by persons, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0068). **Note: Do not send your completed form to this address.**

PAPERWORK BURDEN DISCLOSURE NOTICE
States

Public reporting burden for this form is estimated to average 20 minutes per response to approve and certify information submitted by property owners/managers. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data and financial resources expended by persons, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0068). **Note: Do not send your completed form to this address.**