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Hotel/Motel Fire-Safe List Online Registration

[Paperwork Burden Disclosure Notice \(Property Owners/Managers\)](#)

OMB No. 1660-0068

[Paperwork Burden Disclosure Notice \(States\)](#)

Use this form to report your property's compliance with the [Hotel and Motel Fire Safety Act of 1990 \(P.L. 101-391\)](#). There is no charge for this listing. This form is being submitted to **Add** a previously unlisted property to the National Master List.

Step 1 of 3: Property Information All questions marked with an * are required.

* **Status:** Initial Application

* **Property Type:**

*** General Manager:**

*** Property Name:**

*** Federal Employer ID Number:**

nn-nnnnnnn

P.O. Box:

*** Street Address:**

City/State: Not Required

*** Zip Code:**

nnnnn-nnnn

*** Phone Number:**

Property Fax:

*** Property Email:**

Website:

Step 2 of 3: Smoke Alarms/Automatic Sprinkler Systems

*** Smoke Alarm Equipped**

Each guest room 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.

Yes No

*** Number of Floors:**

Sprinklers required unless three stories or fewer in height

*** Select One**

If sprinklers installed on or after October 25, 1992 - This property has an automatic sprinkler system installed in accordance with NPFA Standard 13 or 13R, whichever is appropriate, in accordance with the requirements of the Act.

If sprinklers 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 guest room.

This property is three or fewer stories in height and is therefore exempt from the Act's automatic fire sprinkler requirements.

Step 3 of 3: Declaration

By submitting this form, you attest that the information supplied on this form is true and accurate to the best of your knowledge and belief. Therefore, this property is entitled to be included in the National Master List of public accommodations compiled by the United States Fire Administration. This information is subject to verification by federal, state, and local fire authorities, and you are subject to fines of up to \$10,000 and/or imprisonment for up to five years if you knowingly make false or fraudulent statements to the government.

*** Name:**

*** Title:**

*** Organization:**

*** Phone Number:**

Ext.:

Fax Number:

*** Your Email Address:**

For verification purposes, please provide your E-mail address. **The address entered must belong to the person listed in the Name field above.** If this is a new property listing, a confirmation E-mail message will be sent to this address upon receipt of the application. If a reply E-mail is not received within 7 days, the application will be deleted.

For more information contact:

United States Fire Administration

16825 S. Seton Ave.,
Emmitsburg, MD 21727
Tel. 301-447-1358

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 and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, 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.

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 and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of

this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, 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.**

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