

**OMB Number: 1660-0059**  
**Expiration Date: 09/30/2015**

**PAPERWORK BURDEN DISCLOSURE NOTICE**  
**FEMA Form 517-0-1**  
**(Electronic Version)**

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. 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 20472-3100, Paperwork Reduction Project (1660-0059) NOTE: Do not send your completed form to this address.

## Agent Registration

Agent Profile

Referral Program

Email Address \*

Confirm Email Address \*

Password \*

Confirm Password \*

First Name \*

Last Name \*

Subscribe to the  
'Let's Talk Flood' Newsletter  Yes, please!  No, thank you.

Next >



Let FloodSmart grow your business with free qualified leads! The information below will be listed on your agent profile and shared with prospective clients through [FloodSmart.gov](#), the FloodSmart Direct Mail Program, and the NFIP Call Center.

Would you like to receive referrals from  Yes, please keep me registered.  
the FloodSmart Agent Referral Program?

[FloodSmart webpage pilot program](#)  Yes, I would like to participate.

#### Proof of Training

Date of Training \*

Certificate Submitted by  Email ▾

Agency Name \*

Agency Address \*

Agency Address 2

City \*  State \*  Virginia ▾

Zip \*

List all the zip codes in which you do business

[Auto-Populate](#) [+ Add More](#)

License # \*  State \*  Virginia ▾

Specializations  Residential  Rental  
 Commercial  Other

Are you licensed to sell insurance nationally?  Yes  No

#### ANFI™ Certification

[ANFI™ Certified](#)  Yes  No

Conferment Date \*

Business Hours [Select Hours](#)

Direct Phone Number \*  (  )  -

Phone Number 2   Office ▾

Fax

Website Address  [www.example.com](http://www.example.com)

Display Email