FORMS ACTION REQUEST

FEMA Form 119-17-1

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| V. FORMS REVISION CHART (ONLY COMPLETE if a Revision to a Form being Requested): |
| Location of Text (e.g.,Page 2, Line 3) | Current Text (e.g., Action Office: RMD) | Revised Text (e.g., Action Office: RecordsManagement Division (RMD)) |
| In Paperwork BurdenDisclosure Box | 1800 South Bell Street, Arlington, VA 20598-3005 | 500 C Street SW, Washington DC 20472 |
| Line item above columns | It is requested that the following people be provided Housing at NETC | It is requested that the following individual(s) be provided housing at NETC. |
|  **Remove column**I RE | Remove column labeled Personal IdentificationNumber | No replacement, removal of column |
|  Title of column | Handicapped (Y/N) | Disability or Access and Functional Needs (Y/N) |
|  Line item | Special Accommodations Needed | Accessibility Accommodations Required |
|  | **See below for last change** |  |
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| I |  |  |
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| III |  |  |
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| II |  |  |
| III! |  |  |
| III |  |  |
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| Note: If additional space is needed, please print and attach as a separate sheet. |

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 **Line item**

 Change from:

 I certify that the housing requested above is in accordance

 with FEMA instructions covering housing policy will be paid

 with a NETC fee schedule at NETC.

 Change to:

 Requestor certifies that the housing requested above is in accordance with NETC SOP No. 119-3, Facility Utilization

 and Expenses at the National Emergency Training Center.