

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

OMB Control Number: 1660-0029
Expiration: 11/30/2020

REQUEST FOR HOUSING ACCOMMODATIONS

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 6 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, and submitting this form. This information collection is required to obtain or retain benefits. 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 this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20472, Paperwork Reduction Project (1660-0029). **NOTE: Do not send your completed survey to the above address.**

PRIVACY ACT STATEMENT

Authority: Public Law 93-498, 15 U.S.C§. 2206, E.O. 12127 and E.O. 12148.

Purpose: This information is being collected for the primary purpose of assigning housing and/or training space at the National Emergency Training Center.

Routine Uses: The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA - 011 Training and Exercise Programs System of Records System of Records Notice and upon written request, by agreement, or as required by law. The Department's full list of system of records notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may result in the inability to assign/obtain housing and/or training space. Information such as gender is necessary because the accommodations are of dormitory type and it is required to separate individuals by gender. Information will only be released as permitted by law.

STATUS

FEMA Employee* Contract Instructor Contractor Other Specify _____

* Must present a copy of travel authorization or invitational travel, if applicable, at the time of registration.

DATE OF ARRIVAL	DATE OF DEPARTURE	NAME OF INDIVIDUAL REQUESTING HOUSING
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PURPOSE OF VISIT

IT IS REQUESTED THAT THE FOLLOWING INDIVIDUAL(S) BE PROVIDED HOUSING AT NETC

NAME OF INDIVIDUAL	PURCHASE ORDER NUMBER (if any)	GENDER (M/F)	DISABILITY OR ACCESS AND FUNCTIONAL NEEDS (Y/N)

ACCESSIBILITY ACCOMMODATIONS REQUIRED

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.	SIGNATURE (Individual Requesting Housing)	
APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE (NETC Program Office Head or Official Designee)	SIGNATURE (Director, NETC Management and Operations Designee)
BILLING INFORMATION USE ONLY	<input type="checkbox"/> Exempt for Payment <input type="checkbox"/> House not included in cost <input type="checkbox"/> House included in cost <input type="checkbox"/> Must pay prevailing rate	