	For	APPLICATION FOR use of this form, see AR 21	_			
1. TO: ARMY CENTRAL INSURANCE FUND Family and Morale, Welfare and Recreation Command ATTN: IMWR-FM-I 4700 KING STREET (Summit Centre) ALEXANDRIA, VA 22302-4406			2. FROM	: (Activity, installation	, and address)	
PART A - ADMINISTRATIVE DATA						
3. STANDARD NAF NUMBER		4. DATE OF REQUEST		5. REQUESTED EFFECTIVE DATE		
6. TYPE OF FUND		DESCRIPTION OF ACTIVITY OR ACTIVITIES HOUSED IN THE BUILDING     (Continue in remarks block, if necessary)				
8. BUILDING NO.		9. LOCATION				
10. CURRENT REPLACEMENT VALUE		11. ACTUAL CASH VALUE		12. NO. OF LANES, IF BOWLING CENTER		
PART B - CONSTRUCTION DATA						
13. TYPE  PERMANENT  TEMPORARY	14. M	ATERIALS    FRAME    QUONSET TYPE		CONCRETE OTHER (Specify)  MASONRY		
15. NO. OF FLOORS	16. TOTAL FLOOR SPACE (Sq.ft.)		17. YEAR BU	JILT 18. SPRIN	KLER SYSTEM INSTALLED S NO	
19. FIRE ALARM 20. FLU		UE & HOOD ALARM 21. SMC		DETECTORS S NO	22. AUTOMATIC EXTINGUISHER  YES NO	
23. DISTANCE TO NEAREST FIRE HYDRANT (In feet)	24. DISTANCE TO NEAREST FIRE STATION (In miles)		25. PERCENTAGE OF FLOOR SPACE OCCUPIED BY THE ACTIVITY IN BLOCK 2.		26. PERCENTAGE OF FLOOR SPACE OCCUPIED BY OTHER TENANTS	
27. CONSTRUCTION FUNDS  APPROPRIATED					DING IMPROVEMENTS PAID PROPRIATED FUNDS	
29. REMARKS  30. FUND MANAGER OR DESIGNEE (Typed name, title, and telephone number)  31. SIGNATURE						