

FORM PROCESSING ACTION REQUEST <i>(Read Instructions in DoD 7750.7-M before completing this form)</i>		1. TYPE SUBMISSION <i>(X one)</i>		2. FORM DESIGNATION AND NUMBER <i>(Leave blank if a new form)</i>		3. DATE OF FORM <i>(Complete only when cancelling a form)</i>			
			NEW						OTHER <i>(Specify)</i>
			REVISION						
	CANCELLATION								
4. FROM <i>(DoD Component OPR Organization and complete mailing address)</i>		5. THRU <i>(DoD Component FMO Organization and complete mailing address)</i>		6. TO <i>(Organization and complete mailing address)</i>					
7. FORM TITLE				8. SUPERSEDED FORMS <i>(If applicable)</i>					
				a. FORM NUMBER		b. EDITION DATE			
						c. DISPOSITION <i>(X one)</i> (1) USE (2) DO NOT USE			
9. PRESCRIBING DOCUMENT NUMBER <i>(Attach copy)</i>		10. FUNCTIONAL CODE <i>(Leave blank if a new form)</i>		11. TYPE OF FORM <i>(X one)</i> PRESCRIBED					
				ADOPTED					
12. DESIGN CONSIDERATIONS									
a. SUGGESTED SIZE <i>(Width) (Length)</i>		b. SPECIAL CONSTRUCTION REQUIRED <i>(X one)</i> YES, <i>(If Yes, attach printing specifications)</i> NO		c. IS FORM CLASSIFIED? <i>(X as applicable)</i> WHEN BLANK? <input type="checkbox"/> NO WHEN FILLED IN? <input type="checkbox"/>		d. IS FORM CONTROLLED? <i>(X as applicable)</i> SAFEGUARD <input type="checkbox"/> NO SERIALLY NUMBERED <input type="checkbox"/>			
						e. IS FORM AUTHORIZED FOR ELECTRONIC GENERATION? <i>(X one)</i> YES <input type="checkbox"/> NO <input type="checkbox"/> WITH STIPULATIONS <input type="checkbox"/>			
13. PURPOSE AND DESCRIPTION OF USE <i>(Attach additional sheet, if necessary)</i>									
14. INTERNAL COORDINATION AND CONCURRENCE									
		(1) COORDINATOR			(2) APPLICABLE <i>(Yes or No)</i>	(3) REMARKS <i>(Enter Reports Control Number(s) and expiration date(s), if applicable)</i>			
		NAME	INITIALS	OFFICE SYMBOL				TELEPHONE NUMBER <i>(Include DSN/Area Code)</i>	
a. PRIVACY ACT									
b. POSTAL									
c. DATA ELEMENTS									
d. REPORTS									
INTERAGENCY									
RCS									
OMB									
15. EXTERNAL COORDINATION AND CONCURRENCE <i>(Not required for SD, DoD Component, or Command forms)</i>									
a. DOD COMPONENT		b. COORDINATOR			c. ESTIMATED ANNUAL USAGE	d. IF REVISION, QTY EXISTING FORMS ON HAND			
		NAME	INITIALS	OFFICE SYMBOL				TELEPHONE NUMBER <i>(Include DSN/Area Code)</i>	
CERTIFICATION OF DOD COMPONENT OPR AND/OR ACTION OFFICER, APPROVING OFFICIAL, AND FMO I hereby certify that all of the above coordinations have been completed as indicated.									
16. DOD COMPONENT OPR AND/OR ACTION OFFICER									
a. TYPED NAME			b. SIGNATURE			c. TELEPHONE NO.			
17. DOD COMPONENT APPROVING OFFICIAL				18. DOD COMPONENT AND/OR COMMAND FORMS MANAGEMENT OFFICER					
a. SIGNATURE		b. DATE SIGNED		a. SIGNATURE		b. DATE SIGNED			
19. APPROVING FORMS MANAGEMENT OFFICER									
a. TYPED NAME			b. SIGNATURE			c. DATE SIGNED			