APPLICATION FOR APPROVAL OF ADP PRODUCT

For use of this form, see AR 335-15; the proponent agency is OACSIM.

1. DATE *(YYMMDD)*

2. THRU *(MICO) (Include Zip Code)*

3. TO *(DPA) (Include Zip Code)*

4. FROM *(Include Zip Code)*

5. SUBJECT *(Title of product)*

6. ACTION OFFICER *(Name and telephone number)*

7. TYPE

☐ NEW   ☐ CHANGE/REVISION

8. DATE REQUIRED *(YYMMDD)*

9. SECURITY CLASSIFICATION

10. DURATION/CUTOFF DATE *(YYMMDD)*

11. FREQUENCY

12. PRODUCT USE AND JUSTIFICATION

13. DESCRIPTION, FREQUENCY, VOLUME, AND SOURCE OF INPUT DATA

14. DESCRIPTION OF OUTPUT PRODUCT *(Include proposed media)*

DA FORM 4560-R, DEC 82   EDITION OF 1 OCT 76 IS OBSOLETE.   USAPPC V1.00

15. PRODUCTS TO BE REVISED/REPLACED/ELIMINATED BY THIS PRODUCT

16. DISTRIBUTION *(Include number of copies to each)*

17. ESTIMATED COST *(See App. B, AR 335-15)*

ACTIVITY a.	PERSONNEL b.	ADP c.	MATERIAL d.	OTHER e.	OVERHEAD f.	TOTAL g.
DEVELOPMENTAL						
OPERATIONAL						
TOTAL						

18. COMPLETION DATE *(YYMMDD)*	19. RECOMMENDED PRIORITY	20. DPA POC *(Name and telephone No.)*

21. REMARKS

22.

☐ APPROVED   ☐ DISAPPROVED

_____
(PCN Assigned)

23. APPROVAL AUTHORITY *(Name and signature)*

REVERSE OF DA FORM 4560-R, DEC 82