

DMAVA PUBLICATION/FORM ACTION REQUEST

DATE

1. TO: (Office for final action)	2. FROM: (Grade/Rank, First, Last, Office Symbol <u>or</u> Pubs/Forms Mgmt Office for 2-Year Review)	3. TELEPHONE NO.
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4. PURPOSE: Publication Actions: New Rewrite Interim Change # Administrative Change Guidance Memorandum HQ Level Policy Memorandum
 Transfer Responsibility Cancellation/Rescission Two-Year/Special Review (Complete Section II)
 Form Actions: New Form Revision Transfer Responsibility Cancellation/Rescission Two-Year/Special Review (Complete Section II)

SECTION I: PUBLICATION/FORM INFORMATION

5. OPR	6. PUBLICATION/FORM TYPE and NUMBER	7. PUBLICATION/FORM TITLE (If classified, give unclassified title)
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8. SUPERSEDED PUBLICATION/FORM TYPE, NO. & DATE	9. IMPLEMENTED HHQ PUB OR FORMS PRESCRIBING PUB	10. PUB CLASSIFICATION
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11. IS FORM CLASSIFIED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> WHEN FILLED IN	12. IS FORM CONTROLLED? <input type="checkbox"/> NO <input type="checkbox"/> SAFEGUARDED <input type="checkbox"/> SERIAL NUMBERED	13. IS SSN REQUESTED ON FORM? <input type="checkbox"/> NO <input type="checkbox"/> YES (Attach Justification)	14. IS SPECIAL PRINTING REQUIRED? <input type="checkbox"/> NO <input type="checkbox"/> YES (List specifications in block 25)
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15. PRESCRIBED FORMS (Continue in Block 25, if necessary.) N/A

Form Type and Number	Current	New	Obsolete	Requires Revision	Form Type and Number	Current	New	Obsolete	Requires Revision
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. PUBLICATION/FORM RELEASABILITY
 PUBLIC ACCESS - Access is unlimited; the publication/form will be available for downloading on the publicly-accessible website.
 RESTRICTED ACCESS - Access to this publication/form is limited; the unclassified title, along with distribution instructions will be posted on the website.
 [Insert releasability statement]

17. VISUAL AIDS: N/A Temporary (Expiration Date _____) Permanent: Associated Publication Type/No. _____
 VA No. _____ VA Title _____

SECTION II: TWO-YEAR/SPECIAL REVIEW

18. OPRs: Complete and return to the office identified in Block 2 by suspense date. SUSPENSE DATE: _____

19. PUBLICATION/FORM STATUS: CURRENT AND ESSENTIAL (Complete Section II only and return. Product will be "Certified Current")
 REQUIRES REVISION (Complete Section II and return. Submit revision within 180 days) REQUIRES TRANSFER (Complete Section II and return. Submit transfer now or separately)
 OBSOLETE (Complete Section II and return. Submit rescind action within 180-days) REQUIRES CONVERSION TO DIGITAL/ELECTRONIC FORMAT (O&O will contact OPR)

20a. NAME, GRADE/RANK, AND OFFICE SYMBOL OF OPR	20b. SIGNATURE	20c. DATE
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21a. NAME, GRADE/RANK, OFFICE SYMBOL, AND TITLE OF CERTIFYING AUTHORITY	21b. SIGNATURE	21c. DATE
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SECTION III: COORDINATION (Continued on Reverse and in block 25, if necessary.)

22. Indicate nonconcurrency, concurrence, or concurrence "with comments" in block provided. Provide comments and rationale on separate comment sheet. All nonconcurrences must be resolved prior to publication. Contact IASD-ASB for details on how to resolve a non-concur.

OFFICE PROVIDING COORDINATION	CONCUR	DATE	COORDINATORS TYPED NAME, GRADE/RANK, OFFICE SYMBOL	COORDINATORS DIGITAL OR WET SIGNATURE

