# REQUEST FOR NEW OR REVISED FORM

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|---|---|
| 1. DATE OF REQUEST | 2. FORM NO. (If revision) |
| 3. DATE OF FORM REQUIRED | 4. SSIC |

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|---|---|
| 5. TITLE OF FORM | 6. REQUIRING DIRECTIVE *(Attach copy)* |
| 7. PURPOSE OF FORM | |
| 8. REPORTS CONTROL SYMBOL, IF APPLICABLE | 9. CANCELLED FORMS, IF ANY |
| 10. NUMBER OF USING ACTIVITY | 11. ANNUAL USAGE |

12. UNITS OF ISSUE: *(Check all that apply)*

PACKAGE OF _____ PAD OF _____ BOX OF _____ EACH _____ OTHER _____

13. IS FORM TO BE USED IN AN AUTOMATED SYSTEM? YES ☐ NO ☐ IF YES PLEASE IDENTIFY SYSTEM IN REMARKS SECTION

14. IS A PRIVACY ACT STATEMENT REQUIRED ON FORM? YES ☐ NO ☐
(FORMS REQUESTING SOCIAL SECURITY NUMBERS MUST HAVE A PRIVACY ACT STATEMENT.)
IF YES, HAS THE COMMAND'S PRIVACY ACT MANAGER APPROVED THE PRIVACY ACT STATEMENT? YES ☐ NO ☐
IF NO, OBTAIN APPROVAL.

15. HAS THE FORMS BLOCK HEADING BEEN APPROVED BY THE COMMAND'S DATA ELEMENTS MANAGER? YES ☐ NO ☐
IF NO, OBTAIN APPROVAL

16. IF THE FORM CONTAINS A MAILING ADDRESS HAS THE ADDRESS BEEN APPROVED BY THE COMMANDS' MAIL MANAGER?
IF NO, OBTAIN APPROVAL ☐ YES ☐ NO ☐ N/A

17. REMARKS

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|---|---|---|---|
| 18. ORIGINATOR | a. NAME, RANK AND TITLE OF ACTION OFFICER | | b. OFFICE CODE |
| | c. SIGNATURE OF ACTION OFFICER | | d. COMPLETE PHONE NUMBER |
| 19. FORMS MANAGEMENT ACTION | a. ☐ APPROVED ☐ DISAPPROVED | b. SIGNATURE OF FORMS MANAGER | c. DATE |

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