FORM PROCESSING ACTION REQUEST *(Read Instructions in DoD 7750.7-M before completing this form)*	1. TYPE SUBMISSION *(X one)*	2. FORM DESIGNATION AND NUMBER *(Leave blank if a new form)*	3. DATE OF FORM *(Complete only when cancelling a form)*
	☐ NEW ☐ OTHER *(Specify)* ☐ REVISION ☐ CANCELLATION		

4. FROM *(DoD Component OPR Organization and complete mailing address)*	5. THRU *(DoD Component FMO Organization and complete mailing address)*	6. TO *(Organization and complete mailing address)*

7. FORM TITLE

8. SUPERSEDED FORMS *(If applicable)*

a. FORM NUMBER	b. EDITION DATE	c. DISPOSITION *(X one)* (1) USE	(2) DO NOT USE

9. PRESCRIBING DOCUMENT NUMBER *(Attach copy)*

10. FUNCTIONAL CODE *(Leave blank if a new form)*

11. TYPE OF FORM *(X one)* ☐ PRESCRIBED ☐ ADOPTED

12. DESIGN CONSIDERATIONS

a. SUGGESTED SIZE *(Width)* *(Length)*	b. SPECIAL CONSTRUCTION REQUIRED *(X one)*	c. IS FORM CLASSIFIED? *(X as applicable)*	d. IS FORM CONTROLLED? *(X as applicable)*	e. IS FORM AUTHORIZED FOR ELECTRONIC GENERATION? *(X one)*
	☐ YES, *(If Yes, attach printing specifications)* ☐ NO	☐ WHEN BLANK? ☐ NO ☐ WHEN FILLED IN?	☐ SAFEGUARD ☐ NO ☐ SERIALLY NUMBERED	☐ YES ☐ NO ☐ WITH STIPULATIONS

13. PURPOSE AND DESCRIPTION OF USE *(Attach additional sheet, if necessary)*

14. INTERNAL COORDINATION AND CONCURRENCE

	(1) COORDINATOR NAME	INITIALS	OFFICE SYMBOL	TELEPHONE NUMBER *(Include DSN/Area Code)*	(2) APPLICABLE *(Yes or No)*	(3) REMARKS *(Enter Reports Control Number(s) and expiration date(s), if applicable)*
a. PRIVACY ACT						
b. POSTAL						
c. DATA ELEMENTS						
d. REPORTS						
INTERAGENCY						
RCS						
OMB						

15. EXTERNAL COORDINATION AND CONCURRENCE *(Not required for SD, DoD Component, or Command forms)*

a. DOD COMPONENT	b. COORDINATOR NAME	INITIALS	OFFICE SYMBOL	TELEPHONE NUMBER *(Include DSN/Area Code)*	c. ESTIMATED ANNUAL USAGE	d. IF REVISION, QTY EXISTING FORMS ON HAND

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

a. SIGNATURE	b. DATE SIGNED

18. DOD COMPONENT AND/OR COMMAND FORMS MANAGEMENT OFFICER

a. SIGNATURE	b. DATE SIGNED

19. APPROVING FORMS MANAGEMENT OFFICER

a. TYPED NAME	b. SIGNATURE	c. DATE SIGNED

Reset