

REQUEST FOR PUBLISHING

For use of this form, see AR 25-30; the proponent agency is OAASA.

1. DATE (YYYYMMDD)

PART I - COMPLETED BY ORIGINATING AGENCY

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|---|--|---|--|---|--|
| 2. TO: (Include ZIP Code) | | 3. FROM: (Originating Agency) | | 5a. TYPE OF PUBLICATION | |
| | | | | 5b. NOMENCLATURE | |
| | | 4a. PERSON TO CONTACT | | 5c. TYPE OF ACTION | |
| | | 4b. TELEPHONE NO. DSN NO. | | <input type="checkbox"/> NEW <input type="checkbox"/> REVISION <input type="checkbox"/> CHANGE (Enter Change No.): _____ <input type="checkbox"/> CERTIFY CURRENT <input type="checkbox"/> RESCIND | |
| | | 4c. FAX NUMBER | | | |
| | | 4d. E-MAIL ADDRESS | | | |
| 5d. IS PUBLICATION CLASSIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | 5e. IS TITLE OF PUBLICATION CLASSIFIED? <input type="checkbox"/> YES (If yes, enter unclassified title for index) <input type="checkbox"/> NO | | |
| 5f. TITLE OF PUBLICATION | | | | | |
| 5g. IS THERE ANY PERSONALLY IDENTIFIABLE INFO (PII) IN THIS PUBLICATION OR ON ANY ADDRESS LABELS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| 5h. MULTI-SERVICE PUBLICATION <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NAVY <input type="checkbox"/> DLA If Yes, check service and list nomenclature <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER | | | | | |
| 5i. PRODUCT DATE (YYYYMMDD) | | 5j. REQUESTED PUB DATE (YYYYMMDD) | | 5k. EFFECTIVE DATE (YYYYMMDD) | |
| 5l. EXPIRATION DATE (YYYYMMDD) | | 5m. COMPLETION DATE (YYYYMMDD) | | 5n. ADVANCE PIN (If Applicable) | |
| | | 5o. ADVANCE AUTHENTICATION (If Applicable) | | 6a. REQUIRED FOR MOBILIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 6b. IS THIS PUBLICATION INTENDED FOR DISTRIBUTION A: <input type="checkbox"/> YES <input type="checkbox"/> NO DISTRIBUTION B: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| 7. JUSTIFICATION <i>Indicate why publication is needed, such as statutory requirement, DOD Directive, etc., REQUIRED STATEMENTS/CLEARANCES, INFORMATION, AND SPECIAL REQUESTS.</i> | | | | | |
| 8a. MANUSCRIPT INCLUDES: (if applicable) <input type="checkbox"/> APPIP TEMPLATE FORMAT <input type="checkbox"/> APT-D <input type="checkbox"/> TABLES <input type="checkbox"/> WORD <input type="checkbox"/> GRAPHICS <input type="checkbox"/> DD FORM(S) 67 <input type="checkbox"/> DA FORM 2028 | | | 8b. DOCUMENT/PRODUCT INCLUDED? (if "NO", explain) <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 9a. RELATED PUBS: | | | | | |
| 9b. SUPERSEDED DA PUBS: | | | | | |
| 9c. RESCINDED DA PUBS: | | | | | |
| 9d. FORMS AFFECTED: NUMBER OF NEW FORMS: NUMBER OF REVISED FORMS: NUMBER OF RESCINDED FORMS: OF WHICH, HOW MANY COLLECT SSN: OF WHICH, HOW MANY COLLECT SSN: | | | | | |

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| 10a. IS COPYRIGHT MATERIAL INCLUDED IN MANUSCRIPT? <i>(If "YES" copy of copyright release must be attached)</i> | 10b. COPYRIGHT HELD BY <i>(Name and address, include ZIP Code, of copyright owner)</i> |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | |

11. DISTRIBUTION RESTRICTION

| | |
|---|---|
| 11a. DISTRIBUTION RESTRICTION <i>(Publication contains material that would restrict distribution) (If "YES", select from list)</i> <input type="checkbox"/> NO <input type="checkbox"/> YES | 11b. SALE BY SUPERINTENDENT OF DOCUMENTS <input type="checkbox"/> NOT TO BE SOLD <input type="checkbox"/> MAY BE SOLD |
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| 11c. DISTRIBUTION MEDIA <i>(All Army-wide administrative publications will be Electronic Media Only (EMO) unless classified, FOUO, or distribution restricted)</i> <input type="checkbox"/> PAPER <input type="checkbox"/> CD ROM <input type="checkbox"/> WEB <input type="checkbox"/> DVD <input type="checkbox"/> OTHER | 11d. WAIVER TO PRINT IN PAPER ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--|

12. COORDINATION Use Part XI *(Continuation/Remarks) of this form for additional coordination, if necessary, or attached list.* WAIVER FOR COORDINATION ATTACHED

| 12a. AGENCY/ACOM/ASCC/DRU <i>(List formal name)</i> | 12b. NAME OF REVIEWING OFFICIAL | 12c. OFFICE SYMBOL | 12d. TELEPHONE NO. | 12e. DATE <i>(YYYYMMDD)</i> |
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PART II - AGENCY HEAD APPROVAL

13. ALL OFFICE OF THE JUDGE ADVOCATE GENERAL (OTJAG) COMMENTS HAVE BEEN INCORPORATED OR ADDRESSED? YES NO (If "NO", Explain)

| | | | |
|---|------------|----------------|----------------------|
| 13a. TYPED NAME OF AGENCY HEAD (<i>Deputy, Director, or Division Chief</i>) | 13b. GRADE | 13c. SIGNATURE | 13d. DATE (YYYYMMDD) |
|---|------------|----------------|----------------------|

14. THIS PUBLICATION DOES NOT UNNECESSARILY DUPLICATE EXISTING PUBLICATIONS AND IS ESSENTIAL TO THE EFFECTIVE, EFFICIENT, AND ECONOMICAL CONDUCT OF OFFICIAL BUSINESS.

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|--------------------------------|------------|-------------------------------|----------------------|
| 14a. TYPED NAME OF AGENCY HEAD | 14b. GRADE | 14c. SIGNATURE OF AGENCY HEAD | 14d. DATE (YYYYMMDD) |
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PART III - REQUIREMENT CONTROL ACTION

15. REQUIREMENT CONTROL SYMBOL (RCS) REQUIRED BY AR 335-15? YES IF "YES"; ASSIGNED RCS: NO

| | | | |
|--------------------------------|------------|----------------|----------------------|
| 15a. TYPED NAME OF RCS OFFICER | 15b. GRADE | 15c. SIGNATURE | 15d. DATE (YYYYMMDD) |
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PART IV - FEDERAL REGISTRY

| | | | |
|-----------|------------|----------------|----------------------|
| 16a. NAME | 16b. GRADE | 16c. SIGNATURE | 16d. DATE (YYYYMMDD) |
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PART V - DA COMMITTEE MANAGER

| | | | |
|-----------|------------|----------------|----------------------|
| 17a. NAME | 17b. GRADE | 17c. SIGNATURE | 17d. DATE (YYYYMMDD) |
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PART VI - PUBLICATION CONTROL ACTION

18. APPROVED IN ACCORDANCE WITH AR 25-30. YES NO

18a. MIPR NO./ FUND CITE (*As appropriate*)

| | | | |
|--|------------|----------------|----------------------|
| 18b. TYPED NAME OF PUBLICATION CONTROL OFFICER | 18c. GRADE | 18d. SIGNATURE | 18e. DATE (YYYYMMDD) |
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PART VII - REDUCTION IN UNIT PUBLICATIONS PROGRAM ACTION

| | | | |
|-----------|------------|----------------|----------------------|
| 19a. NAME | 19b. GRADE | 19c. SIGNATURE | 19d. DATE (YYYYMMDD) |
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PART VIII - APPROVING AUTHORITY FOR SPECIAL HANDLING (*GO/SES required for special, PII, and non-standard requests*)

| | | | |
|-----------|------------|----------------|----------------------|
| 20a. NAME | 20b. GRADE | 20c. SIGNATURE | 20d. DATE (YYYYMMDD) |
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PART IX - SPECIAL AND RECOMMENDED DISTRIBUTION

21. SPECIAL DISTRIBUTION (*Complete separately and attach.*)

INITIAL DISTRIBUTION NUMBER (*If applicable*)

PART X - PRINTING SPECIFICATIONS

| | | |
|---------------------------|--|------------------------|
| 22a. NUMBER OF TEXT PAGES | 22b. TEXT STOCK | 22c. COVER PAGES |
| 22d. COVER STOCK | 22e. NUMBER OF FOLD-INS | 22f. PRINTS |
| 22g. FOLD-IN STOCK | 22h. TOTAL NUMBER OF PAGES TO PRINT (<i>including blanks, cover and fold-ins</i>) | 22i. COLOR OF INK |
| 22j. TRIM SIZE | 22k. BINDING | 22l. NUMBER OF STAPLES |
| 22m. SIDES TO BE TRIMMED | 22n. TYPE OF PUBLICATION COVER | |
| 22o. DRILL | | |

PART XI - REMARKS/CONTINUATION

23. REMARKS:

PART - XI REMARKS/CONTINUATION *(continued)*

23. REMARKS: *(continued)*

PART XII - ARMY PUBLISHING DIRECTORATE (APD)

| | | | |
|-----------|------------|----------------|----------------------|
| 24a. NAME | 24b. GRADE | 24c. SIGNATURE | 24d. DATE (YYYYMMDD) |
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