DMAVA PUBLICATION/FORM ACTION REQUEST

DATE

1. TO: *(Office for final action)*	2. FROM: *(Grade/Rank, First, Last, Office Symbol* or *Pubs/Forms Mgmt Office for 2-Year Review)*	3. TELEPHONE NO.

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)*

8. SUPERSEDED PUBLICATION/FORM TYPE, NO. & DATE	9. IMPLEMENTED HHQ PUB OR FORMS PRESCRIBING PUB	10. PUB CLASSIFICATION

11. IS FORM CLASSIFIED? ☐ NO ☐ YES ☐ WHEN FILLED IN	12. IS FORM CONTROLLED? ☐ NO ☐ SAFEGUARDED ☐ SERIAL NUMBERED	13. IS SSN REQUESTED ON FORM? ☐ NO ☐ YES (Attach Justification)	14. IS SPECIAL PRINTING REQUIRED? ☐ NO ☐ YES (List specifications in block 25)

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
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐

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 *(IASD will contact OPR)*

20a. NAME, GRADE/RANK, AND OFFICE SYMBOL OF OPR	20b. SIGNATURE	20c. DATE

21a. NAME, GRADE/RANK, OFFICE SYMBOL, AND TITLE OF CERTIFYING AUTHORITY	21b. SIGNATURE	21c. DATE

SECTION III: COORDINATION (Continued on Reverse and in block 25, if necessary.)

22. Indicate nonconcurrence, 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

(Continue on Reverse)

22. COORDINATION, Continued.

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

SECTION IV: CERTIFICATION AND APPROVAL

23. I certify that the publication/form action meets DMAVA requirements for necessity, currency of information, and applicability to the DMAVA.

23a. NAME, GRADE/RANK, OFFICE SYMBOL, AND TITLE OF CERTIFYING AUTHORITY	23b. SIGNATURE	23c. DATE

24. I approve the action and verify that it is in consonance with existing law, National/OSD Policy and Guidance, and the DMAVA Mission.

24a. NAME, GRADE/RANK, OFFICE SYMBOL, AND TITLE OF APPROVING AUTHORITY	24b. SIGNATURE	24c. DATE

SECTION V: ADDITIONAL INFORMATION

25. COMMENTS/CONTINUATION

(Use this block to indicate resource implications, identify copyrighted information, additional coordination entries, new OPR details, comments to coordinators and/or publications/forms officer. Only the first 10 lines will print. Continue on a blank sheet, if necessary.)

SECTION VI: FOR USE BY THE PUBLICATIONS/FORMS MANAGEMENT OFFICE

26. DATE RECEIVED	27. DATE ASSIGNED	28. SUSPENSE DATE	29. POINT OF CONTACT	30. TELEPHONE NO.

31. PROCESSING ACTIONS

32. DATE PROCESSED	33. SIGNATURE OF PUBLICATIONS/FORMS MANAGER OR PROCESSING OFFICIAL	34. DATE