

REQUEST FOR CLEARANCE OR CANCELLATION OF A STANDARD OR OPTIONAL FORM

INSTRUCTIONS:

- For new and revised Standard and Optional forms, complete items 1 through 15d and 20 through 41. Forward the original and two copies of this form along with three copies of the items listed below to:

General Services Administration (CARM)
Washington, DC 20405

1. Supporting statement describing the situation or problem which makes the initiation, revision, or cancellation of this form necessary and desirable. List names, titles and organizations of persons outside the promulgating/sponsoring agency with whom this material was discussed or coordinate. Include concurrences as well as major problems on which agreement could not be reached. Also, include an assessment of the effect on the process which the form supports and the anticipated increase or decrease in the cost of that process.
2. Draft of form for all requests except cancellations.
3. List of potential user agencies and their projected annual usage.

4. Proposed implementing or cancelling regulation/directive (for standard forms) or availability announcement (for optional forms).
5. Printing specifications on Standard Form 1, Standard Form 1C, GPO Form 1026a, or GPO Form 2511, as appropriate.
6. Other appropriate documentation.

- If form is to be used for public reporting (5 CFR 1320), include three copies of Standard Form 83 and supporting documentation. If form is an interagency report, include three copies of Standard Form 360 and one set of supporting documents.

SPECIAL INSTRUCTIONS:

- Complete and submit a separate set of clearance documents for each form for which clearance is requested (i.e., if one form is being cancelled and replaced with another form, submit two sets of documents; one set to cancel the old form and another set to establish the new form). However, if a form is being revised and the old stock disposed of under the same National Stock Number, submit only one set of clearance documents.

1. REQUESTING DEPARTMENT OR AGENCY		2. REQUESTING BUREAU OR OFFICE			3. DATE REQUEST INITIATED	
4. TYPE OF ACTION <i>(Check as applicable)</i>						
<input type="checkbox"/> NEW		<input type="checkbox"/> OTHER <i>(Specify below)</i>			5. TYPE OF FORM <i>(Check one)</i> <input type="checkbox"/> STANDARD (SF) <input type="checkbox"/> OPTIONAL (OF)	
<input type="checkbox"/> REVISION						
<input type="checkbox"/> CANCELLATION						
6. PROPOSED FORM TITLE				7. PRESENT EDITION DATE	8. PROPOSED EDITION DATE	9. PRESENT SF OR OF NUMBER
<input type="checkbox"/> TITLE REVISED <i>(Check if applicable)</i>						
10a. PROMULGATING REGULATION OR DIRECTIVE <i>(Required for Standard Forms Only)</i>				10b. DATE OF REGULATION	11. OTHER CLEARANCES <i>(Check only if applicable)</i>	
					OMB NUMBER	EXPIRATION DATE
					INTERAGENCY RPT. NO.	EXPIRATION DATE
12. HOW FEDERAL INFORMATION PROCESSING STANDARDS (FIPS) APPLY TO FORM <i>(Automated forms only)</i> <i>(Check one)</i>				13. RELATED STANDARD OF OPTIONAL FORMS		
<input type="checkbox"/> CONFORMS TO FIPS <input type="checkbox"/> NOT APPLICABLE TO FIPS <input type="checkbox"/> DEVIATION APPROVED <i>(See attachment)</i>						
14. OFFICIAL SUBMITTING REQUEST				15. AGENCY STANDARD AND OPTIONAL FORMS LIAISON REPRESENTATIVE		
a. SIGNATURE				a. SIGNATURE		
b. NAME				b. NAME		
c. TITLE				b. NAME		
d. TELEPHONE		e. DATE SIGNED		d. TELEPHONE		e. DATE SIGNED
AREA CODE	NUMBER			AREA CODE	NUMBER	
CLEARANCE ACTION (GSA ONLY)						
16. APPROVED		17a. SIGNATURE OF CLEARANCE OFFICIAL				17c. DATE SIGNED
YES	NO					
		17b. NAME OF CLEARANCE OFFICIAL				
18. FORM NUMBER ASSIGNED				19. FORM DATE		

STOCK EVALUATION (Complete for old stock of form revised on this request.)

EXISTING STOCK (Obtain this information from GSA's Federal Supply Service (FSS), Supply Management Division and evaluate against importance of revision in blocks 26-29b and 34. Note that units are EA (Each), HD (Hundred), BX (Box), and PG (Package))

20. QUANTITY (OF UNITS) ON HAND AND DUE IN	21. MONTHLY DEMAND RATE	22. MONTHS OF STOCK (20/21)	23. COST PER UNIT	24. ESTIMATED VALUE OF STOCK (20 X 23)	25. DATE INFORMATION OBTAINED
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STOCK DISPOSITION (Complete for revised or canceled forms.)

26. FORM NUMBER	27. EDITION DATE	28. NATIONAL STOCK NUMBER OF FORM TO BE PHASED OUT OR MADE OBSOLETE	29. DISPOSITION ACTION	
			a. CODE*	b. EFFECTIVE DATE

***DISPOSITION CODES**

- | | | |
|--|---|---|
| 1 -- Discontinue form immediately and dispose of existing stock. | 3 -- Continue to issue existing stocks, but do not reprint. | 5 -- Order new edition immediately; dispose of existing forms upon receipt of revised item. |
| 2 -- Discontinue form on date indicated and dispose of stock at that time. | 4 -- Deplete existing forms before issuing revised or modified edition. | 6 -- Other (Explain in Item 41) |

PROCUREMENT AND STOCKING OF NEW OR REVISED FORM

30. MANDATORY USE DATE	31. NATIONAL STOCK NUMBER (If assigned)	32. UNIT OF ISSUE	33. ESTIMATED GOVT-WIDE USAGE (No. forms)	
			a. FIRST YEAR	b. SUCCEEDING YEARS
34. USAGE TYPE (Check one)	35. STOCKING INSTRUCTIONS (Check one)			
<input type="checkbox"/> CONSTANT	<input type="checkbox"/> STOCK IN GSA SUPPLY DISTRIBUTION FACILITIES	<input type="checkbox"/> NO COST DISTRIBUTION (Give address in item 41)	<input type="checkbox"/> LOCAL REPRODUCTION Full size illustration of form available: (Specify below)	
<input type="checkbox"/> VARIABLE (Specify in item 41)	<input type="checkbox"/> STOCK IN GSA CUSTOMER SUPPLY CENTERS	<input type="checkbox"/> ACCOUNTABLE ITEM. RECORD ALL ISSUES OR SALES		
	<input type="checkbox"/> FOR SALE TO THE PUBLIC BY SUPERINTENDENT OF DOCUMENTS	<input type="checkbox"/> OTHER (Explain in item 41)		

ATTACHMENTS AND DESCRIPTION (Check as applicable)

36. PRINTING SPECIFICATIONS:	37. ARTWORK AND GUIDES ATTACHED
<input type="checkbox"/> SF 1 (Pad or Cut Sheet) <input type="checkbox"/> OTHER (Specify below) <input type="checkbox"/> SF 1C (Unit Set) <input type="checkbox"/> GPO 1025a (Maginally) <input type="checkbox"/> GPO 2511 (Any construction - only for established GPO Printing Program)	<input type="checkbox"/> PENCIL OR OTHER DRAFT <input type="checkbox"/> DUMMY <input type="checkbox"/> CAMERA COPY <input type="checkbox"/> SAMPLE <input type="checkbox"/> OTHER (Specify):

PROOFS

SAMPLES (Enter this information on printing req. Lines b and c are for Agency)

38. NUMBER OF PROOFS (Check one)	39. NUMBER OF DAYS PROOFS WILL BE HELD	40. SEND SPECIFIED NUMBER OF PRINTED FORM SAMPLES TO:
<input type="checkbox"/> NONE (Camera copy furnished)		a. _____
<input type="checkbox"/>		b. _____
		c. _____

ADDITIONAL REMARKS