

FORM PROCESSING ACTION REQUEST	1. TYPE OF SUBMISSION <i>(Check one)</i>	2. FORM NUMBER <i>(Leave blank if a new form)</i>
	NEW REVISION CANCELLATION OTHER <i>(Specify):</i>	3. DATE OF FORM <i>(Complete only when cancelling a form)</i>

4. FORM TITLE	6. PRESCRIBING DIRECTIVE <i>(Attach copy)</i>
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5. SUPERSEDED FORMS <i>(If applicable)</i>			7. TYPE OF FORM	
a. FORM NUMBER	b. EDITION DATE	c. DISPOSITION	Permanent	Temporary
		1. USE 2. DO NOT USE		
			8. IS FORM AUTHORIZED FOR PUBLICATION ON INTERNET?	
			YES	YES, WITH STIPULATIONS
			NO	
			IF NO, WHY?:	

9. PURPOSE AND DESCRIPTION OF USE

10. INTERNAL COORDINATION AND CONCURRENCE						
	(1) COORDINATOR			TELEPHONE NUMBER	(2) APPLICABLE <i>(Yes or No)</i>	(3) REMARKS <i>(Enter Reports Control Number(s) and expiration date(s), if applicable)</i>
	NAME	INITIALS	OFFICE SYMBOL			
a. Privacy Act						
b. PPRA						
c. Reports						

11. COMMENTS

ORIGINATING OFFICE	STAFF CONTACT	TELEPHONE NO.	DATE
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FORMS MANAGEMENT APPROVAL			
REVIEWED BY	DATE	NO.ASG	DATE PUBLISHED