REQUEST FOR ACTION FOR PROCEDURES/REPORTS
(For adding, changing, or deleting addresses for distribution of procedures/reports)

A. IDENTIFICATION *(Complete this section for all requests)*

FAX TO: **(504) 426-9752**

MAIL TO: **USDA, NATIONAL FINANCE CENTER**
ATTN.: TCB (Training and Communications Branch)
PO BOX 60,000
NEW ORLEANS, LA 70160-0001

1. CONTACT NAME *(Name of person completing this form)*

2. CONTACT TELEPHONE NUMBER *(Area code and number)*

B. PROCEDURES ACTION *(Check appropriate block(s))*

Order procedure(s) and add address to distribution list *(Complete Sections A, B, D, & E)*	**Add procedure(s) to an existing address on the distribution list** *(Complete Sections A, B, D, & E)*
Order PC procedure(s)/software and add address to distribution list *(Complete Sections A, B, D, & E)*	**Change number of copies of procedure(s)** *(Complete Sections A, B, D, & E)*
Order procedure(s)/software (as needed for training) *DO NOT ADD ADDRESS TO DISTRIBUTION LIST* **(Complete Sections A, B, D, & E)**	**Discontinue procedure(s)** *(Complete Sections A, B, D, & E)*
Change address for procedures *(Complete Sections A, D, & E)*	**Delete address and all procedure(s)** *(Complete Sections A, D, & E)*

ORDERING PROCEDURE(S)/BULLETIN(S)/SOFTWARE

3. NAME OF PROCEDURE	4. TITLE NUMBER	5. CHAPTER NUMBER	6. SECTION NUMBER	7. SUB-SECTION NUMBER	8. BULLETIN NUMBER	9. DISKETTE SIZE FOR PC SOFTWARE	10. NUMBER OF COPIES	11. INVENTORY CONTROL NUMBER (FOR NFC USE ONLY)

To order additional procedures, please fill out *Form AD-1083A, Continuation Sheet for Ordering Procedures.*

12. CONTROL NUMBER (FOR NFC USE ONLY)

C. REPORTS ACTION *(Check appropriate block(s))*

Order report(s) *(Complete Sections A, C, D, & E)*	**Change level(s) or distribution control** (See Block 19) *(Complete Sections A, C, D, & E)*
Change an address for reports *(Complete Sections A, C, D, & E)*	**Discontinue report(s)** *(Complete Sections A, C, D, & E)*
Change report media (See Block 18) *(Complete Sections A, C, D, & E)*	**Change number of copies of reports** (See Block 18) *(Complete Sections A, C, D, & E)*

ORDERING REPORTS

13. MAILDROP NUMBER *(Top number on banner page)*

14. BUNDLE ID *(2nd number on banner page)*

15. REPORT/JOB SET NUMBER

16. REPORT TITLE

17. DISTRIBUTION CONTROL

18. MEDIA *(Check one or more and indicate the number of copies)*

☐ NFC PRODUCED HARDCOPY # OF COPIES ►
☐ MICROFICHE # OF COPIES ►
☐ MICROFILM # OF COPIES ►
☐ ELECTRONIC TRANSMISSION NODE ___ ___ ___ ___ /REMOTE DESTINATION *(or printer ID)*

19. REPORTING LEVELS *(Check one or more)*

☐ DEPARTMENT ☐ AGENCY ☐ POI ☐ CONTACT POINT
☐ 2ND LEVEL ORG ☐ 3RD LEVEL ORG ☐ 4TH LEVEL ORG

D. ADDRESS DATA *(Complete this section for all requests)*

20. ADDRESS KEY CODE *(As shown in the upper left corner of the mailing label)*

CURRENT OR OLD ADDRESS

21. NAME

22. AGENCY NAME

23. AGENCY CODE

24. AGENCY STREET ADDRESS

25. CITY

26. STATE

27. ZIP CODE 5-4

28. AGENCY TELEPHONE NUMBER *(Area Code and Number)*

29. E-MAIL ADDRESS

NEW ADDRESS

21. NAME

22. AGENCY NAME

23. AGENCY CODE

24. AGENCY STREET ADDRESS

25. CITY

26. STATE

27. ZIP CODE 5-4

28. AGENCY TELEPHONE NUMBER *(Area Code and Number)*

29. E-MAIL ADDRESS

E. AUTHORIZATION *(Complete this section for all requests)*

30. AUTHORIZED SIGNATURE AND TITLE

31. TELEPHONE NUMBER *(Area code and number)*

32. DATE

FORM AD-1083 (Revised 3/12)