

<b>REQUEST FOR PUBLISHING - DA TRAINING, DOCTRINAL, TECHNICAL, AND EQUIPMENT PUBLICATIONS</b> For use of this form, see AR 25-30; the proponent agency is OAASA.	1. DATE (YYYYMMDD)
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**COMPLETED BY ORIGINATING AGENCY**

2. TO: <input type="checkbox"/> APD <input type="checkbox"/> OTHER (Include ZIP Code)	3. FROM: (Originating Agency)
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4a. PERSON TO CONTACT	4b. TELEPHONE/DSN NO.
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4c. E-MAIL ADDRESS	4d. FAX NUMBER
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5a. TYPE OF PUBLICATION	5c. TYPE OF ACTION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE (Enter Change No.): <input type="checkbox"/> REVISION <input type="checkbox"/> RESCIND	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. IS THERE ANY PERSONALLY IDENTIFIABLE INFO (PII) IN THIS PUBLICATION OR ON ANY ADDRESS LABELS? <input type="checkbox"/> YES <input type="checkbox"/> NO
5b. NOMENCLATURE		

5g. TITLE OF PUBLICATION *Use the Remarks block of this form for additional space if necessary.*

5h. MULTI-SERVICE PUBLICATION

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> MARINES	<input type="checkbox"/> NAVY	<input type="checkbox"/> COAST GUARD	<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)	6. REQUIRED FOR MOBILIZATION?
5l. EXPIRATION DATE (YYYYMMDD)	5m. ADVANCE PIN (If Applicable)	5n. ADVANCE AUTHENTICATION (If Applicable)	<input type="checkbox"/> YES <input type="checkbox"/> NO

7. JUSTIFICATION *Indicate why publication is needed, such as statutory requirement, DOD Directive, etc., REQUIRED STATEMENTS/CLEARANCES, INFORMATION, AND SPECIAL REQUESTS. Use the Remarks block of this form for additional space if necessary.*

8a. SUPPORTING DOCUMENTS INCLUDED (if applicable) <input type="checkbox"/> PRINT RUNNING SHEET <input type="checkbox"/> GRAPHICS <input type="checkbox"/> CD/DVD MAILER LABEL <input type="checkbox"/> DD FORM(S) 67 <input type="checkbox"/> CONCURRENT SHEET <input type="checkbox"/> APT-D	8b. DOCUMENT/PRODUCT INCLUDED? (if "NO", explain) <input type="checkbox"/> YES <input type="checkbox"/> NO	8c. AMC IDENTIFICATION
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9a. RELATED PUBS	
9b. SUPERSEDED PUBS	
9c. RESCINDED 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:	

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

11a. DISTRIBUTION RESTRICTION <i>(Publication contains material that would restrict distribution) (If "YES", select from list, or see Appendix of PAM 25-40.)</i> <input type="checkbox"/> NO <input type="checkbox"/> YES	11b. SALE BY SUPER-INTENDENT OF DOCUMENTS  <input type="checkbox"/> NOT TO BE SOLD  <input type="checkbox"/> MAY BE SOLD
11c. DISTRIBUTION MEDIA  <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  11e. INITIAL DISTRIBUTION NUMBER <i>(If applicable)</i>

**PRINTING SPECIFICATIONS**

12a. NUMBER OF TEXT PAGES	12b. TEXT STOCK	12c. COVER PAGES
12d. COVER STOCK	12e. NUMBER OF FOLD-INS	12f. PRINTS
12g. FOLD-IN STOCK	12h. TOTAL NUMBER OF PAGES TO PRINT <i>(including blanks, cover and fold-ins)</i>	12i. COLOR OF INK
12j. TRIM SIZE	12k. BINDING	12l. NUMBER OF STAPLES
12m. SIDES TO BE TRIMMED	12n. TYPE OF PUBLICATION COVER	
12o. DRILL		
12p. ADDITIONAL PRINTING SPECIFICATIONS		

**COORDINATION**

*Use the Remarks block of this form for additional coordination, if necessary.*

WAIVER FOR COORDINATION ATTACHED

13a. AGENCY/ACOM <i>(List formal name)</i>	13b. NAME OF REVIEWING OFFICIAL	13c. OFFICE SYMBOL	13d. PHONE NO.	13e. DATE <i>(YYYYMMDD)</i>

f. ARE YOU ATTACHING A SEPARATE LIST OF YOUR POINTS OF COORDINATION?       YES                     NO

CONTINUATION/REMARKS

14. REMARKS

AGENCY HEAD APPROVAL

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

15a. TYPED NAME OF AGENCY HEAD	15b. GRADE	15c. SIGNATURE	15d. DATE (YYYYMMDD)
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PUBLICATION CONTROL ACTION

16a. APPROVED IN ACCORDANCE WITH AR 25-30.  YES  NO

16b. MIPR NO./ FUND CITE (As appropriate)

16c. TYPED NAME OF PUBLICATION CONTROL OFFICER	16d. GRADE	16e. SIGNATURE	16f. DATE (YYYYMMDD)
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APPROVING AUTHORITY (To be used by general staff or higher level agencies when submitted for approval)

17a. NAME	17b. GRADE	17c. SIGNATURE	17d. DATE (YYYYMMDD)
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19.

**SPECIAL AND RECOMMENDED DISTRIBUTION LIST**

IF MORE SPACE IS NEEDED, CHECK THE BOX AND UPLOAD SEPERATE ATTACHMENT(S)

	SHIP TO ADDRESS	QUANTITY		SHIP TO ADDRESS	QUANTITY
a.			l.		
b.			m.		
c.			n.		
d.			o.		
e.			p.		
f.			q.		
g.			r.		
h.			s.		
i.			t.		
j.			u.		
k.			v.		