

FORMS GUIDANCE REVIEW OF ARMY-WIDE PUBLICATIONS (PROPONENT)

The purpose of this handout is to familiarize the proponent with the Forms process which is an important part of your request for publishing. At any point during the process, anyone in the Forms Management Branch is available to assist you. The Army Publishing Directorate (APD) Form Analysts can be contacted through the USARMY Pentagon HQDA APD Mailbox for the Forms Management Branch at:

usarmy.pentagon.hqda-apd.mbx.forms-management-branch@mail.mil for your convenience.

Forms Analysis of Your Publication

Prior to submitting a fully staffed DA Form 260 (Request for Publishing – DA Administrative Publications) to APD, a thorough review of the manuscript should be performed to identify forms related issues or implications.

Review the manuscript to identify all forms cited in your publication. If your publication supersedes any other publications, then identify and validate all prescribed forms in the superseded publication. Compose two separate lists of all the identified forms. (Any of the form analysts will provide a complete listing of the prescribed forms upon request.)

- The first list will only include referenced forms. A referenced form is a form that is controlled and the use of which is directed by another publication and is merely cited in your publication. Check all the referenced forms on your list to ensure that they are current and available for Army users.
- The second list will only include prescribed forms. A prescribed form is a form that is controlled and the use of which is directed by your publication. Since your publication is the “prescribing directive” for the forms identified on the second list, they require more attention.

Forms Management Actions (DD Form 67)

If the publication does not prescribe any forms and you do not have a requirement to develop a new form, then no other forms actions are required for this segment.

Review each prescribed form to determine if it is still needed. If not, please include a DD Form 67 (Form Processing Action Request) requesting the cancellation of the form. For cancellation requests, the DD Form 67 does not need to be fully staffed, only signed by the Action Officer (AO) and Command’s Forms Management Officer (FMO).

For each of the prescribed forms which are still required, this is an opportune time to review them to determine whether any changes are needed. If any of the forms require a revision or you have a requirement to develop a new form, please include a fully staffed DD Form 67 for each revised/new form request, along with clear guidance on what changes are being requested, a list of the data elements to be captured, and/or a draft of the form.

For instructions on how to complete a DD Form 67, please review DA Pam 25-40. A sample of a completed DD Form 67 is illustrated at the end of this packet for your reference.

The DD Form 67 must be signed by the responsible AO for the form in block 17c. Your organization's FMO must sign in block 19c.

- Forms that are subject to the Privacy Act are those that are used to collect personal data from an individual, such as name, address, telephone number, etc. Your local Privacy Act Officer should advise you if your form requires a Privacy Act statement. If a Privacy Act statement is required, it must be included with your forms request.
- Public reporting forms require RCS (Reports Control Symbol) or OMB (Office of Management and Budget) numbers. An RCS number is required if the information is collected from 10 or more people within the federal government. An OMB number is required if the information is collected from 10 or more people outside the federal government.

After consulting with your local Privacy Act Officer the DD Form 67 must be forwarded to the appropriate DA level officials for coordination (staffing) in block 16. Your organization's FMO will assist you with this step. We will no longer accept DD Forms 67 without the correct coordination. The DA level officials for the staffed block 16 are listed below:

- **Privacy Act** – Ms. Renee Anderson, HQDA/OAA/AHS, Casey Building, Room 144, 7701 Telegraph Road, Alexandria, VA 22315-3905, 703-428-6832; renee.anderson3.civ@mail.mil
- **Postal** – Ms. Sandra Stroud, HQDA/OAA/AHS/RMDA, Casey Building, Room 102, 7701 Telegraph Road, Alexandria, VA 22315-3860, 703-428-6440; sandra.d.stroud.civ@mail.mil
- **Reports (RCS and OMB)** – Ms. Sandra Stroud, HQDA/OAA/AHS/RMDA, Casey Building, Room 102, 7701 Telegraph Road, Alexandria, VA 22315-3860, 703-428-6440; sandra.d.stroud.civ@mail.mil

If you have questions or need further guidance in completing the DD Form 67, please contact any APD Forms Analyst.

Social Security Number Reduction Plan - If any of the new/revised form(s) collects Social Security Numbers (SSN), this would be the time to consider removing the SSN field. If the collection of an SSN is deemed absolutely necessary, and is justifiable by one of the 12 use cases specified in the Department of Defense Instruction (DODI) Number 1000.30, Reduction of Social Security Number (SSN) Use Within DoD, as of 01 August 2012, then a justification letter requesting the (continued) use of SSN must also be submitted with your fully staffed DD Form 67. A separate justification letter is required for each form collecting an SSN.

The justification letter must be signed by a General Officer or SES equivalent. It must cite the appropriate [System of Records Notice \(SORN\)](#) authorizing the collection of SSN and must also cite the appropriate "use case" and explain how the use of the form is justified by that use case. The fact that a use case may loosely meet one or more of the justifications does not necessarily mean that a specific justification is acceptable. The DODI 1000.30 provides guidance along with a sample justification letter.

For more information about creating or revising DD forms, SF, OF or federal forms, please contact any APD Forms Analyst for guidance and assistance.

Forms Design

One of our forms designers at APD will design the form in the approved software according to the Army standards. A design professional will collaborate with you to recommend and implement some of the advanced features. Our designers have the capabilities to incorporate digital signatures, computations, logic enhancements and validation. After the form has been designed we will forward the file to you for review and approval.

Forms Issues Affecting Your Publication

When citing a form in a publication for the first time, it must be identified by the form nomenclature and title. Subsequently, the form can be identified by just the form nomenclature only. Additionally, only departmental forms (i.e. DA, DD, OF, SF, etc.) are allowed to be cited in an Army-wide Publication.

If a form must be illustrated in the publication as a sample IAW AR 25-30 and DA Pam 25-40, it must be filled out completely using the most updated version of the form. Illustrated sample forms must:

1. Be of official Departmental forms only.
2. Be of the most recent edition and version of the form.
3. Not contain blank fields; all fields must be populated with sample data.
4. Not include sample data that contain any PII.
5. Be stamped with the word "SAMPLE" across the form.
6. Be labeled with the official form number.

If the prescribing publication is electronic media only (EMO), all forms must be EMO unless they require special construction such as an ID card, or a waiver is granted from the OAASA to print in paper.

All forms cited in a DA level publication must be easily accessible Army wide. Local/Command forms can neither be referenced in, nor prescribed by DA level publications. If there is a requirement to cite a local/command form it should be elevated to a DA level form and be prescribed by the publication.

Block by block instructions on how to fill out a form should be provided only if necessary. We strongly recommend the instructions for completing the form be included in the prescribing publication and not on the form itself.

Appendix A (References) – All prescribed and referenced forms will be listed in Appendix A. Prescribed Forms are listed in Section III. Referenced Forms are listed in Section IV. Add the following statement to the beginning of each section, depending on the actual form cited:

“Unless otherwise indicated, DA forms are available on the Army Publishing Directorate (APD) Web site: armypubs.army.mil and DD forms are available on the Office of the Secretary of Defense Web site: <http://www.dtic.mil/whs/directives/forms/index.htm>. OFs and SFs are available on the U.S. General Services Administration (GSA) Web site: <http://www.gsa.gov/portal/forms/type/SF>.”

If a form is not available electronically and is not distributed by APD’s Media Distribution Division at St. Louis, then specify exactly how Army users can obtain the form.

Lastly, if you have questions, concerns, or need further guidance with Forms process, please contact any APD Forms Analyst through the Forms Management mailbox at usarmy.pentagon.hqda-apd.mbx.forms-management-branch@mail.mil.

Forms Team Member

Please feel free to contact any APD Forms Analyst listed below:

Tanya Johnson, Chief
(703) 693-1501
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Sonya Martin
(703) 693-1422
sonya.y.martin3.civ@mail.mil

Sample of DD Form 67 (Form Processing Action Request)

FORM PROCESSING ACTION REQUEST <i>(Read Instructions on back and in DoD 7750.07-M before completing this form.)</i>				1. DATE OF REQUEST (YYYYMMDD) 20170117	
2. FROM (DoD Component OPR Organization) DCS, G-1 DAPE-MPE (Room 1C449) 300 Army Pentagon Washington, DC 20310-0300		3. THRU (DoD Component FMO Organization) HQDA, DCS, G-1 (DAPE-ZXM) Publication Control/Forms Management Officer (Jane Doe) 300 Army Pentagon Washington, DC 20310-0300		4. TO (Organization) Director, Army Publishing Directorate (AAHS-PA) 9301 Chapek Road, Building 1456 Fort Belvoir, VA 22060-5527	
Email: john.d.doe.mil@mail.mil		Email: jane.d.doe.civ@mail.mil		Email:	
5. FORM DESIGNATION AND NUMBER DA Form 5893		6. EDITION DATE (Enter only if cancelling a form)		7. FORM TITLE Soldier's Medical Evaluation Board/Physical Evaluation Board Counseling Checklist.	
8. ACTION TYPE (Select one) Revision		9. FORM TYPE (Select one) Prescribed		10. SUBJECT GROUP (Leave blank if a new form)	
				11. PRESCRIBING ISSUANCE(S) AR 635-40	
12. FORM DISPOSITION (List all forms to be replaced by proposed form)			13. PROPOSED FORM DESIGN CONSIDERATIONS		
a. FORM NUMBER (Enter "N/A" if none)	b. EDITION DATE	c. DISPOSITION	a. DESIGN TYPE Fill and Print	b. SUGGESTED SIZE 8.5 x 11	c. PRINTING SPECIFICATIONS No
			d. CLASSIFIED No	e. CONTROLLED FORM No	f. DIGITAL SIGNATURE FIELD No
			g. AVAILABILITY (Select one) Electronic Form - DoD Forms Mgmt. Program web site		
			h. SOCIAL SECURITY NUMBER COLLECTED (Select one. If YES, attach justification) No SSN Collected		
14. PURPOSE AND DESCRIPTION OF USE (Attach continuation page if necessary.) Used by the Physical Evaluation Board Liaison Officer to counsel each soldier (or the next-of-kin or legal guardian, when appropriate) throughout physical disability processing. The PEBLO and Soldier will initial counsel items as counseling occurs, then sign the document at the time of the Soldier's final election to PEB findings. The PEBLO forwards the form to the PEB for inclusion in the Soldier's case file.					
15. EXTERNAL COORDINATION AND CONCURRENCE (Not required for SD, DoD Component, or Command forms. Attach continuation page if necessary.)					
a. DOD COMPONENT	b. COORDINATOR NAME	OFFICE SYMBOL	TELEPHONE NO. (Include area code/DSN)	EMAIL ADDRESS	INITIALS
16. INTERNAL COORDINATION AND CONCURRENCE					
	(1) APPLICABLE? (Yes/No)	(2) REMARKS (Enter applicable remarks related to coordination, and attach appropriate documentation.)	(3) COORDINATOR NAME	EMAIL ADDRESS	TELEPHONE NO. (Incl. area code/DSN)
a. PRIVACY ACT	Yes		Johnathan Doe	johnathan.d.doe.civ@mail.mil	555-703-5555
b. POSTAL	No		James Fakename	james.fakename.civ@mail.mil	555-555-0703
c. DATA ELEMENTS					
d. RECORDS MGMT	Yes	NN-166-204, RN 635-40a	Jane Doe-Doe	jane.doe-doe@mail.mil	703-555-5555
e. OTHER					
f. COLLECTIONS					
RCS	No		Jane Clone	jane.clone00@mail.mil	555-703-5555
OMB	No		Jane clone	jane.clone00@mail.mil	555-703-5555
CERTIFICATION OF DOD COMPONENT OPR AND/OR ACTION OFFICER, APPROVING OFFICIAL, AND FMO I hereby certify that all of the above coordinations have been completed as indicated.					
17. DOD COMPONENT OPR AND/OR ACTION OFFICER					
a. TYPED NAME AND TITLE MAJ John-Boy Mc Doe Medical Policy Integrator	b. TELEPHONE NUMBER (Include area code/DSN) 223-555-5555	c. SIGNATURE			

DD FORM 67, MAY 2016

PREVIOUS EDITION IS OBSOLETE.

LiveCycle Designer 11.0

Sample of DD Form 67 (Continued)

18. DOD COMPONENT APPROVING OFFICIAL		19. DOD COMPONENT OR COMMAND FORMS MANAGEMENT OFFICER	
a. EMAIL ADDRESS	jane.j.dowe.mil@mail.mil	a. EMAIL ADDRESS	jane.d.doe.civ@mail.mil
b. DATE SIGNED (YYYYMMDD)	c. TYPED NAME, TITLE, AND SIGNATURE	b. DATE SIGNED (YYYYMMDD)	c. TYPED NAME, TITLE, AND SIGNATURE
	COL Jane J. Dowe, Medical Policy Branch Chief		Jane D. Doe, PCO, FMO
	DOWE.JUSTIFIED.JANE.NMN.1234567 <small>DEFUNCT: OIG, PCO, FMO DATE: 10/11/17</small>	20170117	DOE.DEFUNCT.JANE.NMN.123456789 <small>DEFUNCT: OIG, PCO, FMO DATE: 10/11/17</small>
20. APPROVING FORMS MANAGEMENT OFFICER			
a. TYPED NAME AND TITLE	b. DATE SIGNED (YYYYMMDD)	c. SIGNATURE	
Mr/Ms Forms Analyst	20170117	MR/MS FORMS ANALYST 123456789 <small>DEFUNCT: OIG, PCO, FMO DATE: 10/11/17</small>	
SAMPLE			
DD FORM 67, MAY 2016		PREVIOUS EDITION IS OBSOLETE.	
<small>LiveCycle Designer 11.0</small>			