

APPLICATION FOR APPROVAL OF MANAGEMENT INFORMATION REQUIREMENT

For use of this form, see AR 335-15; the proponent agency is OACSIM.

1. THRU (Include Zip Code)	2. TO (Include Zip Code)	3. FROM (Include Zip Code)	
4. SUBJECT (Proposed title of Information Requirement)		5. DATE (YYYYMMDD)	
		6. ACTION OFFICER (Name and telephone number)	
7. PRESCRIBING DIRECTIVE (AR, letter, message, etc.)			
8. TYPE OF REQUEST <input type="checkbox"/> NEW <input type="checkbox"/> EXTENSION <input type="checkbox"/> REVISED	9. FREQUENCY OF SUBMISSION	10. ESTIMATED DURATION OF REQUIREMENT	11. SUBMISSION DATE (YYYYMMDD)
12. FORM NUMBER	13. MINIMIZE	14. MOBILIZATION STATUS	15. SECURITY CLASSIFICATION
16. JUSTIFICATION OF NEED FOR INFORMATION REQUIREMENT			
a. STATE NEED FOR REQUESTED DATA			
b. ACTION TO BE TAKEN ON DATA (Could this be delegated to preparing agencies in Item 24)			

