

<b>FORM PROCESSING ACTION REQUEST</b> <i>(Read Instructions in DoD 7750.7-M before completing this form)</i>		1. TYPE SUBMISSION <i>(X one)</i>		2. FORM DESIGNATION AND NUMBER <i>(Leave blank if a new form)</i>		3. DATE OF FORM <i>(Complete only when cancelling a form)</i>			
		<input type="checkbox"/> NEW	<input type="checkbox"/> OTHER <i>(Specify)</i>						
		<input type="checkbox"/> REVISION							
		<input type="checkbox"/> CANCELLATION							
4. FROM <i>(DoD Component OPR Organization and complete mailing address)</i>		5. THRU <i>(DoD Component FMO Organization and complete mailing address)</i>		6. TO <i>(Organization and complete mailing address)</i>					
7. FORM TITLE				8. SUPERSEDED FORMS <i>(If applicable)</i>					
				a. FORM NUMBER		b. EDITION DATE		c. DISPOSITION <i>(X one)</i>	
						(1) USE		(2) DO NOT USE	
9. PRESCRIBING DOCUMENT NUMBER <i>(Attach copy)</i>		10. FUNCTIONAL CODE <i>(Leave blank if a new form)</i>		11. TYPE OF FORM <i>(X one)</i>					
				<input type="checkbox"/> PRESCRIBED					
				<input type="checkbox"/> ADOPTED					
12. DESIGN CONSIDERATIONS									
a. SUGGESTED SIZE <i>(Width) (Length)</i>		b. SPECIAL CONSTRUCTION REQUIRED <i>(X one)</i>		c. IS FORM CLASSIFIED? <i>(X as applicable)</i>		d. IS FORM CONTROLLED? <i>(X as applicable)</i>		e. IS FORM AUTHORIZED FOR ELECTRONIC GENERATION? <i>(X one)</i>	
		<input type="checkbox"/> YES <i>(If yes, attach printing specifications)</i>		<input type="checkbox"/> WHEN BLANK? <input type="checkbox"/> NO		<input type="checkbox"/> SAFEGUARD <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> NO		<input type="checkbox"/> WHEN FILLED IN?		<input type="checkbox"/> SERIALLY NUMBERED		<input type="checkbox"/> WITH STIPULATIONS	
13. PURPOSE AND DESCRIPTION OF USE <i>(Attach additional sheet, if necessary)</i>									
14. INTERNAL COORDINATION AND CONCURRENCE									
	(1) COORDINATOR				(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	TELEPHONE NUMBER <i>(Include DSN/Area Code)</i>				
a. PRIVACY ACT									
b. POSTAL									
c. DATA ELEMENTS									
d. REPORTS									
INTERAGENCY									
RCS									
OMB									
15. EXTERNAL COORDINATION AND CONCURRENCE <i>(Not required for SD, DoD Component, or Command forms)</i>									
a. DOD COMPONENT	b. COORDINATOR				c. ESTIMATED ANNUAL USAGE		d. IF REVISION, QTY EXISTING FORMS ON HAND		
	NAME		INITIALS	OFFICE SYMBOL	TELEPHONE NUMBER <i>(Include DSN/Area Code)</i>				
<b>CERTIFICATION OF DOD COMPONENT OPR AND/OR ACTION OFFICER, APPROVING OFFICIAL, AND FMO</b> I hereby certify that all of the above coordinations have been completed as indicated.									
16. DOD COMPONENT OPR AND/OR ACTION OFFICER									
a. TYPED NAME			b. SIGNATURE			c. TELEPHONE NO.			
17. DOD COMPONENT APPROVING OFFICIAL					18. DOD COMPONENT AND/OR COMMAND FORMS MANAGEMENT OFFICER				
a. SIGNATURE			b. DATE SIGNED		a. SIGNATURE			b. DATE SIGNED	
19. APPROVING FORMS MANAGEMENT OFFICER									
a. TYPED NAME			b. SIGNATURE			c. DATE SIGNED			

<b>20. CLASS OF FORM</b>									<b>21. RELATED FORMS</b>				<b>22. CONSTRUCTION</b>			
DA	DD	EGA	LRA	SF	OF	OTH	COMM	LOCAL					CS	MULTI-PAGE	TAG	LABEL
													SET	SET CONT.	PAD	OTHER
<b>23. DESIGN CONSIDERATIONS</b>									<b>24. DISTRIBUTION OR DELIVERY</b> <i>(Include complete address for Stock and Issue (S&amp;I))</i>							
a. HOW WILL FORM BE FILLED IN? <i>(x all that apply)</i>					b. TYPE FILE <i>(x all that apply)</i>				<input type="checkbox"/> APDC, BALTIMORE <input type="checkbox"/> APDC, ST. LOUIS <input type="checkbox"/> EGA <input type="checkbox"/> LRA <input type="checkbox"/> S&I							
MANUALLY					BINDER											
TYPEWRITER					FASTENER											
AUTOMATED EQUIP. <i>(Describe in Item 13)</i>					CARD											
					VISIBLE				25. REIMBURSABLE ORDER NO.							
26. If this is a revision to an existing form, does it require a change to the prescribing directive? <i>(Attach copy)</i> YES <input type="checkbox"/> NO <input type="checkbox"/>										27. This form complies with the neutral language requirement?    YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>						
<b>28. FOR USE BY FORMS APPROVING AGENCY</b> <i>(Must correspond with item 22.)</i>																
<b>a. PAPER</b>							<b>b. PRINT</b>									
COPY NO.	BASIS WEIGHT	TYPE			COLOR	COLOR INK	FACE ONLY	(3) HEAD TO								
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>			<i>(4)</i>	<i>(1)</i>	<i>(2)</i>	HEAD	FOOT	LEFT	RIGHT					
c. SIZE <i>(width-length)</i>			d. UNIT OF ISSUE		e. NO. OF ORIGINALS		f. ASSEMBLING		g. BINDING							
(1) OVERALL		(2) FOLDED	<i>(cut sheet, pad, tag, etc.)</i>				(1) SHEETS IN SETS	(2) SHEETS IN PADS	(1) TYPE		(2) POSITION					
X		X														
h. PUNCHING					i. PRENUMBERING			j. MARGINS								
(1) NO. HOLES	(2) DIAMETER	(3) C TO C	(4) KIND	(5) POSITION	(1) FROM <i>(and including)</i>		(2) TO <i>(and including)</i>				(1) FRONT	(2) BACK				
											(a) TOP					
											(b) LEFT					
<b>29. ADDITIONAL SPECIFICATIONS</b>																
<b>30. FORMS APPROVING AGENCY</b>										<b>31. FORMS REGISTER NUMBER</b>						
a. SIGNATURE							b. DATE									
<b>INSTRUCTIONS FOR COMPLETION OF SIGNATURE BLOCKS</b>																
DD Form 67 is to be used for processing Standard, Optional, other Government Agency, DD, DA, and command/local forms. The following is guidance for use of the signature blocks at the different Army echelons.																
<b>BLOCK 16</b> -- Enter the name of the proponent or an individual who can provide technical information about the purpose and use of the form, do NOT enter the name of the Army FMO.																
<b>BLOCK 17</b> -- This individual must be at the division/directorate level or above for DD or DA forms and is normally the approving official for the respective prescribing publication for the form.																
<b>BLOCK 18</b> -- For DD forms, Standard Forms, and Optional Forms, this block will be signed at USAPPC. For DA and other Government Agency forms, this block will be signed by the proponent organization FMO. Leave blank for command, agency, and local forms.																
<b>BLOCK 19</b> -- Leave blank on all DD forms processing requests. For DA and other Government Agency forms, this block will be signed at USAPPC. For command forms, the respective FMO serves as the approving authority.																
<b>BLOCK 30</b> -- For Standard, Optional, and DD forms, this block is used by USAPPC for approving printing specifications.																