

**REQUEST FOR PUBLISHING - DA TRAINING, DOCTRINAL, TECHNICAL, AND EQUIPMENT PUBLICATIONS**

For use of this form, see AR 25-30; the proponent agency is CIO.

1. DATE (YYYYMMDD)

**COMPLETED BY ORIGINATING AGENCY**

|   |                               |
|---|-------------------------------|
| 2. TO: <input type="checkbox"/> APD <input type="checkbox"/> OTHER (Include ZIP Code) | 3. FROM: (Originating Agency) |
|---|-------------------------------|

|                       |                       |
|-----------------------|-----------------------|
| 4a. PERSON TO CONTACT | 4b. TELEPHONE/DSN NO. |
|-----------------------|-----------------------|

|                    |                |
|--------------------|----------------|
| 4c. E-MAIL ADDRESS | 4d. FAX NUMBER |
|--------------------|----------------|

|   |  |  |
|---|--|--|
| 5a. TYPE OF PUBLICATION   | 5c. TYPE OF ACTION<br><input type="checkbox"/> NEW<br><input type="checkbox"/> CHANGE (Enter Change No.): _____<br><input type="checkbox"/> REVISION<br><input type="checkbox"/> RESCIND | 5d. IS PUBLICATION CLASSIFIED?<br><input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____ |
| 5b. NOMENCLATURE  | 5e. IS TITLE OF PUBLICATION CLASSIFIED?<br><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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |

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

|                               |   |  |  |
|-------------------------------|---|--|--|
| 5h. MULTI-SERVICE PUBLICATION | <input type="checkbox"/> MARINES _____<br><input type="checkbox"/> NAVY _____<br><input type="checkbox"/> AIR FORCE _____ | <input type="checkbox"/> COAST GUARD _____<br><input type="checkbox"/> DLA _____<br><input type="checkbox"/> OTHER _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------------------|---|--|--|

If Yes, check service and list nomenclature

|                                |                                   |  |   |
|--------------------------------|-----------------------------------|--|---|
| 5i. PRODUCT DATE (YYYYMMDD)    | 5j. REQUESTED PUB DATE (YYYYMMDD) | 5k. EFFECTIVE DATE (YYYYMMDD)              | 6. REQUIRED FOR MOBILIZATION?<br><input type="checkbox"/> YES _____ <input type="checkbox"/> NO |
| 5l. EXPIRATION DATE (YYYYMMDD) | 5m. ADVANCE PIN (If Applicable)   | 5n. ADVANCE AUTHENTICATION (If Applicable) |   |

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)<br><input type="checkbox"/> PRINT RUNNING SHEET <input type="checkbox"/> GRAPHICS<br><input type="checkbox"/> CD/DVD MAILER LABEL <input type="checkbox"/> DD FORM(S) 67<br><input type="checkbox"/> CONCURRENCE SHEET <input type="checkbox"/> APT-D | 8b. DOCUMENT/PRODUCT INCLUDED? (if "NO", explain)<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | 8c. AMC IDENTIFICATION |
|---|--|------------------------|

|                     |  |
|---------------------|--|
| 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)<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 10b. COPYRIGHT HELD BY (Name and address, include ZIP Code, of copyright owner) |
|--|---|

**DISTRIBUTION**

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

**REQUEST FOR PRINTING**

12a. UPON PUBLISHING, IS THERE ALSO A PRINTING REQUIREMENT FOR THIS PUBLICATION?  YES  NO

12b. IF YES, IS A PRINTING REQUEST JUSTIFICATION FROM YOUR HQDA PRINCIPAL OFFICIAL (OR DEPUTY), OR DESIGNATED GENERAL OFFICER (GO)/SES INCLUDED?  YES  NO

12c. CHECK PRINTING JOB TYPE:  BASIC ONLY  CHANGE ONLY  BASIC INCLUDING CHANGE(S) 1 THROUGH \_\_\_\_\_

**PRINTING SPECIFICATIONS**

|                           |  |                        |
|---------------------------|--|------------------------|
| 13a. NUMBER OF TEXT PAGES | 13b. TEXT STOCK  | 13c. COVER PAGES       |
| 13d. COVER STOCK          | 13e. NUMBER OF FOLD-INS  | 13f. PRINTS            |
| 13g. FOLD-IN STOCK        | 13h. TOTAL NUMBER OF PAGES TO PRINT<br><i>(including blanks, cover and fold-ins)</i> | 13i. COLOR OF INK      |
| 13j. TRIM SIZE            | 13k. BINDING   | 13l. NUMBER OF STAPLES |
| 13m. SIDES TO BE TRIMMED  | 13n. TYPE OF PUBLICATION COVER   | 13o. QUANTITY:         |
| 13p. DRILL                |  |                        |

13q. ADDITIONAL PRINTING SPECIFICATIONS

  
  
  
  
  

**COORDINATION**

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

WAIVER FOR COORDINATION ATTACHED

| 14a. AGENCY/ACOM<br><i>(List formal name)</i> | 14b. NAME OF REVIEWING OFFICIAL | 14c. OFFICE SYMBOL | 14d. PHONE NO. | 14e. DATE<br><i>(YYYYMMDD)</i> |
|---|---------------------------------|--------------------|----------------|--------------------------------|
|   |                                 |                    |                |                                |
|   |                                 |                    |                |                                |
|   |                                 |                    |                |                                |
|   |                                 |                    |                |                                |
|   |                                 |                    |                |                                |
|   |                                 |                    |                |                                |
|   |                                 |                    |                |                                |
|   |                                 |                    |                |                                |
|   |                                 |                    |                |                                |

14f. ARE YOU ATTACHING A SEPARATE LIST OF YOUR POINTS OF COORDINATION?  YES  NO

**CONTINUATION/REMARKS**

15. REMARKS

**AGENCY HEAD APPROVAL**

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

|                                |            |                |                      |
|--------------------------------|------------|----------------|----------------------|
| 16a. TYPED NAME OF AGENCY HEAD | 16b. GRADE | 16c. SIGNATURE | 16d. DATE (YYYYMMDD) |
|--------------------------------|------------|----------------|----------------------|

**PUBLICATION CONTROL ACTION**

17a. APPROVED IN ACCORDANCE WITH AR 25-30.  YES  NO

17b. MIPR NO./ FUND CITE (As appropriate)

|  |            |                |                      |
|--|------------|----------------|----------------------|
| 17c. TYPED NAME OF PUBLICATION CONTROL OFFICER | 17d. GRADE | 17e. SIGNATURE | 17f. DATE (YYYYMMDD) |
|--|------------|----------------|----------------------|

**APPROVING AUTHORITY (To be used by general staff or higher level agencies when submitted for approval)**

|           |            |                |                      |
|-----------|------------|----------------|----------------------|
| 18a. NAME | 18b. GRADE | 18c. SIGNATURE | 18d. DATE (YYYYMMDD) |
|-----------|------------|----------------|----------------------|

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. |                 |          |

### INSTRUCTIONS FOR SELECTED BLOCKS

- 3. FROM.** Enter the name and address of the originating agency (including address and nine digit zip if available).
- 4a. PERSON OF CONTACT:** Enter the point of contact (someone qualified to answer questions about the publication submitting for publishing).
- 5a. TYPE OF PUBLICATION:** Select the type of publication (e.g., TM, TB, MWO, etc.) from the drop down list.
- 5b. NOMENCLATURE:** Enter the assigned Army publication number. For multi-service publications, include the other services' publication numbers in block 14, Remarks. For IETMS, include the EM number in this block along with the publication number.
- 5c. TYPE OF ACTION:** Select the type of action (e.g., new, changed, revised, or rescind).
- 5g. TITLE OF PUBLICATION:** Enter complete title of the publication.
- 5h. MULTISERVICE PUBLICATION:** Select Yes or No as appropriate. If you select Yes, the boxes beside the service names become active and you should indicate all the services that are using the publication by selecting the boxes beside the names of services.
- 8a. SUPPORTING DOCUMENTS INCLUDED:** Select all that apply for the publication.
- 9a. RELATED PUBLICATIONS:** Enter the publication numbers for any publications related to the publication for which the DA Form 260-1 is being prepared.
- 9b. SUPERSEDED PUBLICATIONS:** Enter the publication numbers and dates for any publications being superseded by this publication.
- 9c. RESCINDED PUBLICATIONS:** Enter the publication numbers and dates for any publications which will be rescinded by the release of the publication.
- 9d. FORMS AFFECTED:** If applicable, enter information about any forms affected by the publication.
- 11a. DISTRIBUTION RESTRICTION :** For distribution statement A, select No and for all others, select Yes. If Yes, is selected, select the correct distribution statement from the pop-up menu. If further restrictions such as FOUO apply, this information can be entered in the space provided.
- 11c. DISTRIBUTION MEDIA:** Indicate how the manual will be distributed. Select all that apply.
- 11d. INITIAL DISTRIBUTION NUMBER:** For DA publications that are printed an Initial Distribution Number (IDN) will be assigned to that product. Enter the assigned IDN if known.
- 14a THROUGH 14f. :** Not applicable for technical and equipment publications. Leave blank.
- 16a. TYPED NAME OF AGENCY HEAD:** Enter the name of the head of the Agency who is proponent of the publication.
- 17c. TYPE NAME OF PUBLICATION CONTROL NUMBER:** Enter the name of the Equipment Publications Control Officer (EPCO).
- 18a THROUGH 18d. APPROVING AUTHORITY:** Not applicable for technical and equipment publications. Leave blank.
- 19. SPECIAL AND RECOMMENDED DISTRIBUTION LIST:** For your initial distribution list for the publication. Enter all the addresses required for initial distribution and the quantities needed for each address. If your list is longer than will fit on this section, select the box at the top of the page and attach additional sheets as needed to the DA Form 260-1.