

**REQUEST FOR PUBLISHING - DA ADMINISTRATIVE PUBLICATIONS**

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

1. DATE (YYYYMMDD)

**PART I - COMPLETED BY ORIGINATING AGENCY**

2. <b>TO:</b> (Organization, Address, City, State, Zip)	3. <b>FROM:</b> (Organization, Address, City, State, Zip)
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4a. ACTION OFFICER NAME:	4b. ACTION OFFICER TELEPHONE:	4c. ACTION OFFICER EMAIL:
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5a. PUBLICATIONS CONTROL OFFICER NAME:	5b. PUBLICATIONS CONTROL OFFICER TELEPHONE:	5c. PUBLICATIONS CONTROL OFFICER EMAIL:
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6a. PUBLISHING CHAMPION NAME:	6b. PUBLISHING CHAMPION TELEPHONE:	6c. PUBLISHING CHAMPION EMAIL:
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<b>7. TYPE OF PUBLICATION:</b> <input type="checkbox"/> ARMY DIRECTIVE <input type="checkbox"/> DA POSTER <input type="checkbox"/> ARMY REGULATION <input type="checkbox"/> HQDA POLICY NOTICE <input type="checkbox"/> ARMY GENERAL ORDER <input type="checkbox"/> DA PAMPHLET	<b>8. PUBLICATION NUMBER:</b> <i>(For new publications, provide series number followed by - XX to indicate the publication is new. For example, AR 25-XX)</i>	<b>9. TYPE OF ACTION:</b> <input type="checkbox"/> NEW <input type="checkbox"/> ADMINISTRATIVE REVISION <input type="checkbox"/> EXPEDITE REVISION <input type="checkbox"/> CERTIFY CURRENT <input type="checkbox"/> MANDATED REVISION <input type="checkbox"/> RESCIND <input type="checkbox"/> MAJOR REVISION <input type="checkbox"/> TRANSFER PROPONENCY
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10. IS PUBLICATION CLASSIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	11. IS TITLE OF PUBLICATION CLASSIFIED? <i>(If Yes, enter unclassified title in Block 12 for indexing.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	12. TITLE OF PUBLICATION:
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13. DISTRIBUTION RESTRICTED: (Publication contains material that would restrict distribution) (If YES, select from list)     YES     NO

14. IS THIS PUBLICATION DESIGNATED CONTROLLED UNCLASSIFIED INFORMATION (CUI)?:     YES     NO

15. IS THIS A MULTI-SERVICE PUBLICATION?:     YES     NO

15a. If yes, enter lead Service/agency and complete blocks 15b through 15d.	15c. Was staffing and legal review requirements completed by other Service/agency? <input type="checkbox"/> YES <input type="checkbox"/> NO
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15b. If Yes, check Service/agency and list the publication number below: <input type="checkbox"/> USMC <input type="checkbox"/> USN <input type="checkbox"/> USAF <input type="checkbox"/> USCG <input type="checkbox"/> DLA <input type="checkbox"/> OTHER	15d. If Yes, check Service/agency and list point of contact/action officer below: <input type="checkbox"/> USMC <input type="checkbox"/> USN <input type="checkbox"/> USAF <input type="checkbox"/> USCG <input type="checkbox"/> DLA <input type="checkbox"/> OTHER
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16. RELATED PUBLICATIONS: Are there DA administrative publications that are closely related to this DA administrative publication?     YES     NO    If Yes, list:

17. SUPERSEDED PUBLICATIONS: Will this publication supersede another DA administrative publication(s)?     YES     NO    If Yes, list:

18. PRESCRIBED FORMS:     YES     NO    If Yes, list:

19. NEW FORMS:     YES     NO    If Yes, list:

20. REVISED FORMS:     YES     NO    If Yes, list:

21. FORMS COLLECTING SSN:     YES     NO    If Yes, list:

22. FORMS SSN JUSTIFICATION MEMO:     YES     NO    If Yes, list:

23. SUBMISSION PACKAGE INCLUDES:  
 DD FORM(S) 67     FORM FILE(S)     CLEAN WORD DOCUMENT OF DRAFT     FIGURE FILE(S)     SSN JUSTIFICATION MEMO(S)     STAFFING TRACKED CHANGE DOCUMENT

24. COORDINATION:					
ORGANIZATION	NAME OF REVIEWING OFFICIAL	RANK/GRADE	OFFICE SYMBOL	TELEPHONE NUMBER	DATE (YYYYMMDD)



**PART II - SUBMISSION APPROVAL**

*(This section must be complete (have all signatures) prior to submission to APD.)*

**25. REQUIREMENT CONTROL ACTION**

25a. REQUIREMENT CONTROL SYMBOL (RCS) REQUIRED BY AR 25-98?  YES IF "YES", ASSIGNED RCS:  NO

25b. NAME OF RCS OFFICER:	25c. RANK/GRADE:	25d. SIGNATURE:	25e. DATE (YYYYMMDD)
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**26. PUBLICATIONS CONTROL OFFICER**

26a. NAME OF PUBLICATIONS CONTROL OFFICER:	26b. RANK/GRADE:	26c. SIGNATURE:	26d. DATE (YYYYMMDD)
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**27. PUBLISHING CHAMPION**

27a. NAME OF PUBLISHING CHAMPION:	27b. RANK/GRADE:	27c. SIGNATURE:	27d. DATE (YYYYMMDD)
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**PART III - PUBLISHING ACTION FINAL APPROVAL**

(Principal Official (or Deputy) signature is required at final proof (prior to authentication) for new and revised DA administrative publications. For all other publishing actions, complete this section before submission to APD.)

**28. HQDA PRINCIPAL OFFICIAL/ACOM COMMANDER (OR DEPUTY)**

**I HAVE READ AND APPROVED THIS NEW OR REVISED PUBLICATION. IT IS READY FOR AUTHENTICATION BY SECARMY OR DESIGNEE IN ACCORDANCE WITH AR 25-30.**

28a. NAME OF HQDA PRINCIPAL OFFICIAL/ACOM COMMANDER (OR DEPUTY):	28b. RANK/GRADE:	28c. SIGNATURE:	28d. DATE (YYYYMMDD)
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**PART IV - REQUEST FOR PRINTING**

29. UPON PUBLISHING, IS THERE ALSO A PRINTING REQUIREMENT FOR THIS DA ADMINISTRATIVE PUBLICATION?  YES  NO

29a. IF YES, IS A PRINTING REQUEST JUSTIFICATION FROM YOUR HQDA PRINCIPAL OFFICIAL (OR DEPUTY), ACOM COMMANDER (OR DEPUTY), OR DESIGNATED COLONEL/GS-15 INCLUDED?  YES  NO

**PART V - SPECIAL AND RECOMMENDED DISTRIBUTION**

30. SPECIAL DISTRIBUTION (*Check the box and attach*) .....

30a. INITIAL DISTRIBUTION NUMBER (*If applicable*)

**PART VI - PRINTING SPECIFICATIONS**

(For assistance with printing specifications, refer questions, comments, and/or concerns to [usarmy.pentagon.hqda-apd.mbx.printing-management-branch@mail.mil](mailto:usarmy.pentagon.hqda-apd.mbx.printing-management-branch@mail.mil))

31a. NUMBER OF TEXT PAGES:	31b. TEXT STOCK:	31c. COVER PAGES:
31d. COVER STOCK:	31e. NUMBER OF FOLD-INS:	31f. PRINTS:
31g. FOLD-IN STOCK:	31h. TOTAL NUMBER OF PAGES TO PRINT: <i>(including blanks, cover, and fold-ins)</i>	31i. COLOR OF INK:
31j. TRIM SIZE:	31k. BINDING:	31l. NUMBER OF STAPLES:
31m. SIDES TO BE TRIMMED:	31n. TYPE OF PUBLICATION COVER:	
31o. DRILL:		

**PART VII - REMARKS**

*(Provide additional information/comments here with regard to the DA administrative publication, if needed.)*

32. REMARKS:

32. REMARKS (Continued):

### INSTRUCTIONS FOR SELECTED BLOCKS

- 3. FROM.** Enter the address of the HQDA principal official or ACOM commander who is the proponent of the publication being submitted for this publishing action.
- 4a. ACTION OFFICER:** Enter the name of the individual serving as the main point of contact for the specific publishing action.
- 5a. PUBLICATIONS CONTROL OFFICER:** Enter the name of the individual who is responsible for the HQDA agency or ACOM's publication management program and is the approving authority for submission of all requests to publish.
- 6a. PUBLISHING CHAMPION:** Enter the name of the individual in the rank/grade of colonel/GS-15 who represents the HQDA principal official or ACOM commander to the Director, APD.
- 7. TYPE OF PUBLICATION:** Select the type of DA administrative publication being submitted for this publishing action.
- 8. PUBLICATION NUMBER:** Enter the nomenclature for the DA administrative publication for this publishing action.
- 9. TYPE OF ACTION:** Check the appropriate item to indicate which type of publishing action is being requested for the DA administrative publication (see AR 25-30 for details on types of publishing actions).
- 12. TITLE OF PUBLICATION:** Enter title of publication for the DA administrative publication being submitted for this publishing action.
- 13. DISTRIBUTION RESTRICTED:** Check the appropriate item to indicate whether the DA administrative publication contains material that would restrict its distribution (See AR 380-5 for guidance). If yes, select from list.
- 14. IS THIS PUBLICATION DESIGNATED FOR CONTROLLED UNCLASSIFIED INFORMATION?:** Check the appropriate item to indicate whether the DA administrative publication is designated CUI (see AR 380-5 for guidance).
- 15. IS THIS A MULTI-SERVICE PUBLICATION?:** Check the appropriate item to indicate whether the DA administrative publication is multi-Service; that is, prepared for use by the U.S. Army and two or more other Services, Defense agencies, or other Government agencies. If yes, complete blocks 13a through 13d.
- 16. RELATED PUBLICATIONS:** Check the appropriate item to indicate whether other DA administrative publication(s) are closely related to the DA administrative publication being submitted for this publishing action. If yes, list the nomenclature and date of each related publication.
- 17. SUPERSEDED PUBLICATIONS:** Check the appropriate item to indicate whether the DA administrative publication being submitted for this publishing action supersedes another DA administrative publication(s). If yes, list the nomenclature and date of each publication being superseded. If applicable, state whether only a part of the publication is being superseded.
- 18. PRESCRIBED FORMS:** Check the appropriate item to indicate whether the DA administrative publication contains form(s) that are prescribed for mandatory use Armywide. If yes, provide the type and nomenclature of each prescribed form.
- 19. NEW FORMS:** Check the appropriate item to indicate whether the DA administrative publication prescribes the use of a new form. If yes, provide the type and nomenclature for each new prescribed form.
- 20. REVISED FORMS:** Check the appropriate item to indicate whether existing form(s) within the DA administrative publication are being revised. If yes, provide the type of and nomenclature of each form being revised.
- 21. FORMS COLLECTING SSN:** Check the appropriate item to indicate whether any new or revised forms being prescribed by the DA administrative publication collect SSNs. If yes, list the type and nomenclature of each new or revised prescribed form that collects SSNs.
- 22. FORMS SSN JUSTIFICATION MEMO:** Check the appropriate item to indicate whether a separate SSN justification memorandum has been attached to this publishing action for each new or revised prescribed form collecting SSNs. If yes, list the type and nomenclature of each such form for which a separate justification memorandum is attached.
- 23. SUBMISSION PACKAGE INCLUDES:** Select all that apply. See AR 25-30/DA PAM 25-40 for submission requirements.

**DD FORM(S) 67** - A separate DD Form 67 is required for each form being prescribed by the DA administrative publication being submitted for this publishing action, which is new, revised, rescinded, or for which proponenty is being transferred.

**FORM FILE(S)** - Any files that relate to the use of forms within the DA administrative publication being submitted for this publishing action.

**CLEAN WORD DOCUMENT OF DRAFT** - A Word document that contains all required parts of the DA administrative publication being submitted but no comments or track changes.

**FIGURE FILE(S)** - Any files that relate to the use of figures within the proposed DA administrative publication being submitted for this publishing action.

**SSN JUSTIFICATION MEMO(S)** - A separate justification memorandum, required to be included with the submission package for each new or revised prescribed form that collects SSNs.

**STAFFING TRACKED CHANGE DOCUMENT** - A Word document that contains comments and/or track changes resulting from the staffing phase of the proposed DA administrative publication being submitted for this publishing action.

#### 24. COORDINATION:

**ORGANIZATION** - Insert the formal organizational name of the HQDA principal official or ACOM commander with which the publication was coordinated.

**NAME OF REVIEWING OFFICIAL** - Insert the name of the reviewing official for that HQDA principal official, ACOM commander, or other agency.

**OFFICE SYMBOL** - Insert the office symbol for that reviewing official.

**INSTRUCTIONS FOR SELECTED BLOCKS** *(Continued)*

**25. REQUIREMENT CONTROL ACTION:** Check the appropriate item to indicate whether an RCS is required by AR 25-98. If yes, enter assigned RCS for this DA administrative publication.

**28. HQDA PRINCIPAL OFFICIAL/ACOM COMMANDER:** Must be signed by the HQDA principal official (or deputy) or ACOM commander (or deputy) after legal review and prior to authentication by SecArmy or designee in accordance with AR 25-30 of all new and revised DA administrative publications only.

**30.** Check the appropriate item to indicate whether there is also a printing requirement for this DA administrative publication upon publishing.

**30a.** Check the appropriate item to indicate whether a printing request justification from your HQDA principal official (or deputy), ACOM commander (or deputy), or designated colonel/GS-15 is included.

**31. SPECIAL DISTRIBUTION:** If there are special distribution requirements for this DA administrative publication, check the box and attach the list of names and addresses. Indicate how many copies should go to each address (applicable only to paper and CD-ROM/DVD publications).

**31a. INITIAL DISTRIBUTION NUMBER:** Enter the six numeric character IDN, if applicable.