DEPARTMENT OF THE NAVY
UNITED STATES NAVAL ACADEMY
121 BLAKE ROAD
ANNAPOLIS, MARYLAND 21402-1300

USNAINST 5213.2F CH-1
28/Mgmt Asst
APR 21 2008

USNA INSTRUCTION 5213.2F CHANGE TRANSMITTAL 1

From: Superintendent

Subj: FORMS MANAGEMENT PROGRAM

Ref: (a) SECNAVINST 5210.16
(b) SECNAV M-5213.1
(c) Paperwork Reduction Act of 1980 (P.L. 96-511) (NOTAL)
(d) USNAINST 5600.6D
(e) SECNAVINST 5510.36A
(f) SECNAVINST 5211.5E

Encl: (1) Form Processing Action Request (DD Form 67)
(2) Sample Form

1. Purpose. To publish procedures for the implementation of the Department of the Navy (DON) and the Naval Academy Forms Management Program per reference (a).

2. Cancellation. USNAINST 5213.2E

3. Objectives

a. To ensure forms follow procedures and are developed and designed to facilitate military and business operations of the Naval Academy.

b. To eliminate cost ineffectiveness and duplicate forms through control, standardization, and consolidation.

4. Program Requirements

a. Per reference (b), a directive, notice, manual, or publication is required to support each form which is originated for Navy-wide or command-wide use. Instructions for obtaining, preparing, submitting, and using each form will be included in the issuing document.

b. As required by reference (b), the higher echelon form will be used to the fullest possible extent. Every effort will be made to avoid the partial or complete duplication of higher echelon forms.

c. Reference (b) is the primary source and reference in analysis and design of DON forms.

d. Enclosure (1) supersedes all existing command forms used to request, justify, and record forms actions. It has been standardized to comply with the information management requirements inherent in the Paperwork Reduction Act of 1980, reference (c).

5. Forms Design Standards. The following design standards, enclosure (2), supplement reference (b) and will be followed in the preparation of Naval Academy forms, except when precluded by special requirements or the functional use of the form:

a. Specifications:

(1) Size: 8-1/2" x 11".

(2) Typography: Text fonts are Arial 8 point (pt.) and all fill fonts are 10 pt.

(3) Ink: Black.

(4) Margins: 1/2" page margins.

(5) Image size: 7-15/16" x 10-1/4".

(6) Format/Style: 1.5 pt. or 1/48" solid border on all sides.

b. Location of format elements and reproduction size of type:

(1) Form title: Top left, bold capitals (caps), inside the border.

(2) Supporting directive: Top right, all caps, outside the border.

(3) OMB Control Number (when required): Top right corner immediately below the supporting directive, all caps outside the border. This number, assigned by the Office of Management and Budget (OMB) is assigned after posting in the Federal Register, when requesting personal private information (PPI) on an individual.

(4) Form prefix, number and date: Bottom left, all caps, outside the border.

6. Definitions and Use

a. A form is any document, including letters, post cards, and memoranda printed or otherwise reproduced with space for filling in information, descriptive material, or addresses; or any format designed to structure the arrangement of such information. Certain printed items without fill-in space, such as contract provisions, instruction sheets, notices, tags, labels, and posters, may be treated as forms to identify and control them for reference, printing, stocking, and distribution, but do not come within the definition of forms as used in this instruction.

b. A standardized form is one which is numbered, dated, titled, and designed per established Navy forms management criteria. Such a form may not be altered for local use, or a substitute form used in place of it without concurrence of the form sponsor.

c. A one-time form is one developed for use with a specific project which has an established termination date.

d. A test form is one developed to test a system or procedure before its permanent adoption. Test form status should not exceed one year.

e. A format is an arrangement of simple data items in a prescribed sequence where the number or frequency of responses is limited. Formats may be used where the space required for response varies widely or where transmittal and reply by message is required due to operational necessity. Formats should not be used in place of a standardized form or in the belief that a format will expedite a project. Formats often place an unnecessary burden on the respondent, and fail to provide the data which the originator needs. The decision to use a format instead of a form should be made by the Management Assistant together with the originating office.

f. A bootleg form is an uncontrolled form, issued without an identifying prefix or number, not designed to be compatible with any particular method of fill-in, and for which no provision for extra copies has been made. Bootleg forms are unauthorized.

g. An Optical Character Recognition (OCR) form is one designed to be compatible with OCR equipment which enables a machine to read, by optical means, human-readable characters. Specifications for the design and composition of most OCR forms are peculiar to specific equipment makes and models (though certain "universal" type faces have been developed) to the extent that design

and composition is usually a part of the forms and/or equipment procurement contract. Since OCR forms design is so closely tied to proprietary specifications and systems requirements, forms managers should consult OCR equipment manufacturers for assistance.

h. The originator is the activity that initiates a form. Origination is indicated by display of a prefix which is the Cost/Sub-Cost Center Symbol.

7. Responsibilities

a. The Chief of Naval Operations exercises overall supervision of the Forms Management Program for the DON, using the policies and standards established by the Secretary of the Navy, reference (a) and (b).

b. The responsibility for administration of the program within the Naval Academy is assigned to the Administrative Officer. The person specifically designated to conduct the program is hereinafter referred to as the Management Assistant, Administrative Department. The Management Assistant can be reached at x31577 or email at donithan@usna.edu. The Management Assistant will:

(1) Act as a clearing point for the command to review and approve proposed forms, formats, and directives or other issuances publicizing or requiring forms.

(2) Ensure design assistance and corrective guidance for forms and related procedures is provided.

(3) Ensure:

(a) Forms are designed per this instruction and reference (b).

(b) Directives or other issuances publicizing or requiring forms or formats are reviewed for compliance with forms management criteria.

(c) Forms used by subordinate units are reviewed for possible standardization and use throughout the area of command.

(d) A copy of DD Form 67, enclosure (1), is maintained on each form originated or sponsored.

(e) An annual review of all forms is conducted for continuing need, duplication, revision, improvement, or elimination.

(f) An annual inventory of current forms is issued internally. As a minimum, the inventory will contain: Office Code, Cost Center/Sub-Cost Center, date, title, and form number.

8. Action

a. Printing Liaison Representatives. Each Cost Center/Sub-Cost Center will designate a forms representative, per reference (d). Submit names to the Management Assistant at donithan@usna.edu. Printing Liaison Representatives will ensure:

(1) Forms approved for printing, are designed per this instruction and reference (b).

(2) Identification of forms and reports are identified in the manner prescribed in reference (b), Part V, paragraph 6.

(3) Forms requesting personal private information (PPI) must contain a Privacy Act Statement and are maintained per the provisions of the Privacy Act and reference (f).

(4) Forms required by directives publicizing or supporting directives are to be identified on forms. Classified forms, in whole or in part, must show the appropriate security classification marking and indicate downgrading, declassification or review instructions specified in reference (e). A form, which is also a report, will show a report control symbol in addition to the form number.

(5) When a DOD Printing Requisition/Order (DD Form 282) is submitted per reference (d) the following conditions must be met:

(a) A copy of DD Form 67, enclosure (1), properly prepared to justify and record forms actions, is attached to the requisition.

(b) Coordinate with the Management Assistant to ensure the form meets the required format specifications. The Management Assistant will review the form in connection with other forms serving similar functions to prevent any form duplication.

(c) The requisition (DD 282) with attached proposed form and the original of the DD Form 67 are submitted to the Management Assistant, Stop 1e, for approval and submission to Document Automated & Production Service (DAPS) for printing or duplicating. Forms are not to be reproduced on copying machines. Forms will not be reproduced unless an activity form number has been assigned.

(d) After printing or duplication, the originating office will forward two copies of the form to the Management Assistant, Stop 1e, for file and record. When a form is canceled contact the Management Assistant.

b. The Management Assistant is responsible for establishing and maintaining a Naval Academy Forms Management Program per reference (b).

/S/
J. L. FOWLER

Distribution:
All Non Mids (electronically)

FORM PROCESSING ACTION REQUEST

(Read Instructions on back and in DoD 7750.07-M before completing this form.)

1. DATE OF REQUEST *(YYYYMMDD)*

2. FROM *(DoD Component OPR Organization and complete mailing address)*

(DIVISION/DEPARTMENT NAME)
UNITED STATES NAVAL ACADEMY
STREET ADDRESS
ANNAPOLIS MD 21402-XXXX

3. THRU *(DoD Component FMO Organization and complete mailing address)*

4. TO *(Organization and complete mailing address)*

ADMINISTRATION DEPARTMENT
UNITED STATES NAVAL ACADEMY
121 BLAKE RD
ANNAPOLIS MD 21402-1300

5. FORM DESIGNATION AND NUMBER *(Leave blank if a new form)*

6. EDITION DATE *(Enter only if cancelling a form)*

7. FORM TITLE

8. ACTION TYPE *(Select one)*

9. FORM TYPE *(Select one)*

10. SUBJECT GROUP *(Leave blank if a new form)*

11. PRESCRIBING ISSUANCE(S)

12. FORM DISPOSITION *(List all forms to be replaced by proposed form)*

a. FORM NUMBER *(Enter "N/A" if none)*	b. EDITION DATE	c. DISPOSITION

13. PROPOSED FORM DESIGN CONSIDERATIONS

a. DESIGN TYPE	b. SUGGESTED SIZE	c. PRINTING SPECIFICATIONS
d. CLASSIFIED	e. CONTROLLED FORM	f. DIGITAL SIGNATURE FIELD
g. AVAILABILITY *(Select one)*		

14. PURPOSE AND DESCRIPTION OF USE *(Attach continuation page if necessary.)*

15. INTERNAL COORDINATION AND CONCURRENCE

	(1) APPLI-CABLE? *(Yes/No)*	(2) REMARKS *(Enter applicable remarks related to coordination, and attach appropriate documentation.) (If space permits, enter coordinator email address here.)*	(3) COORDINATOR NAME	OFFICE SYMBOL	TELEPHONE NO. *(Incl. area code/DSN)*	INITIALS
a. PRIVACY ACT			Pamela A. Nye	MMA	(410) 293-1550	
b. POSTAL			Pamela A. Nye	MMA	(410) 293-1550	
c. DATA ELEMENTS						
d. RECORDS MGMT						
e. OTHER						
e. REPORTS						
RCS						
OMB						

16. 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

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	b. TELEPHONE NUMBER *(Include area code/DSN)*	c. SIGNATURE

18. DOD COMPONENT APPROVING OFFICIAL

a. DATE SIGNED *(YYYYMMDD)*	b. TYPED NAME, TITLE, AND SIGNATURE

19. DOD COMPONENT OR COMMAND FORMS MANAGEMENT OFFICER

a. DATE SIGNED *(YYYYMMDD)*	b. TYPED NAME, TITLE, AND SIGNATURE

20. APPROVING FORMS MANAGEMENT OFFICER

a. TYPED NAME	b. DATE SIGNED *(YYYYMMDD)*	c. SIGNATURE
Margo K. Donithan		

SECNAV M-5213.1

SAMPLE FORM

Form Title: Top left, bold capitals

Supporting Directive:
Top right, all caps

Paper size: 8-1/2" x 11"

Image size: 7-15/16" x 10-1/4"

Ink: Black

Solid border rule
on all sides

Form prefix and number: Assigned by Mgmt. Asst.

Cost/Sub-Cost Center Symbol

Form Number

Date Originated

DEPARTMENT OF THE NAVY
UNITED STATES NAVAL ACADEMY
121 BLAKE ROAD
ANNAPOLIS, MARYLAND 21402-1300

USNAINST 5213.2F CH-1
28/Mgmt Asst

MAY 27 2008

USNA INSTRUCTION 5213.2F CHANGE TRANSMITTAL 1

From: Superintendent

Subj: FORMS MANAGEMENT PROGRAM

Encl: (1) Replacement Enclosure (1)

1. Purpose. To publish change 1 to subject instruction.

2. Action. Enclosure (1) has been incorporated into original instruction and posted on the USNA Instructions/Notices web site. The complete change transmittal can be viewed at the end of the original instruction.

/S/
J. L. FOWLER

Distribution:
All Non Mids (electronically)

FORM PROCESSING ACTION REQUEST

(Read Instructions on back and in DoD 7750.07-M before completing this form.)

1. DATE OF REQUEST *(YYYYMMDD)*

2. FROM *(DoD Component OPR Organization and complete mailing address)*

(DIVISION/DEPARTMENT NAME)
UNITED STATES NAVAL ACADEMY
STREET ADDRESS
ANNAPOLIS MD 21402-XXXX

3. THRU *(DoD Component FMO Organization and complete mailing address)*

4. TO *(Organization and complete mailing address)*

ADMINISTRATION DEPARTMENT
UNITED STATES NAVAL ACADEMY
121 BLAKE RD
ANNAPOLIS MD 21402-1300

5. FORM DESIGNATION AND NUMBER *(Leave blank if a new form)*

6. EDITION DATE *(Enter only if cancelling a form)*

7. FORM TITLE

8. ACTION TYPE *(Select one)*

9. FORM TYPE *(Select one)*

10. SUBJECT GROUP *(Leave blank if a new form)*

11. PRESCRIBING ISSUANCE(S)

12. FORM DISPOSITION *(List all forms to be replaced by proposed form)*

a. FORM NUMBER *(Enter "N/A" if none)*	b. EDITION DATE	c. DISPOSITION

13. PROPOSED FORM DESIGN CONSIDERATIONS

a. DESIGN TYPE	b. SUGGESTED SIZE	c. PRINTING SPECIFICATIONS
d. CLASSIFIED	e. CONTROLLED FORM	f. DIGITAL SIGNATURE FIELD
g. AVAILABILITY *(Select one)*		

14. PURPOSE AND DESCRIPTION OF USE *(Attach continuation page if necessary.)*

15. INTERNAL COORDINATION AND CONCURRENCE

	(1) APPLICABLE? *(Yes/No)*	(2) REMARKS *(Enter applicable remarks related to coordination, and attach appropriate documentation.) (If space permits, enter coordinator email address here.)*	(3) COORDINATOR NAME	OFFICE SYMBOL	TELEPHONE NO. *(Incl. area code/DSN)*	INITIALS
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b. POSTAL			Pamela A. Nye	MMA	(410) 293-1550	
c. DATA ELEMENTS						
d. RECORDS MGMT						
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OMB						

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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	b. TELEPHONE NUMBER *(Include area code/DSN)*	c. SIGNATURE

18. DOD COMPONENT APPROVING OFFICIAL

a. DATE SIGNED *(YYYYMMDD)*	b. TYPED NAME, TITLE, AND SIGNATURE

19. DOD COMPONENT OR COMMAND FORMS MANAGEMENT OFFICER

a. DATE SIGNED *(YYYYMMDD)*	b. TYPED NAME, TITLE, AND SIGNATURE

20. APPROVING FORMS MANAGEMENT OFFICER

a. TYPED NAME	b. DATE SIGNED *(YYYYMMDD)*	c. SIGNATURE
Margo K. Donithan		

DD FORM 67, FEB 2008 PREVIOUS EDITION IS OBSOLETE. Adobe Designer 7.0