APPLICATION FO	OR APPROVAL OF MAN For use of this form, see AR 335-15			ON REQUIREMENT			
1. THRU (Include Zip Code)	2. TO (Include Zip Cod	2. TO (Include Zip Code)		3. FROM (Include Zip Code)			
4. SUBJECT (Proposed title of Inform	5. DATE (YYYYMMDD)		YMMDD)				
			6. ACTION OFFICER (Name and telephone number)				
7. PRESCRIBING DIRECTIVE(AR,	letter, message, etc.)						
8. TYPE OF REQUEST NEW EXTENSION 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 FO	OR INFORMATION	RECHIREMEN	 IT			
b. ACTION TO BE TAKEN ON DAT	TA(Could this be delegated to prepar	ing agencies in Item 2	24)				

17. APPROVAL REQUESTED BY (Signature and title of responsible person of requesting agency)				18. APPROVAL RECOMMENDED BY (Signature of MICLO/MICO of initiating agency)					
19. COORDINATION						20 REC	 DUIREMENT ³	TO BE REVISED	
PERSON a.		AGENCY b.		TELEPHONE NUMBER c.		20. REQUIREMENT TO BE REVISED, RESCINDED OR REPLACED			
							21. SOL	JRCE RECOR	RDS
							_ _ _ _		
				2027.5			<u> </u>		
22.	5=500	1 455			STIMATE				
ACTIVITY a.	PERSONNEL b.	ADP c.		l .	ERIAL d.	OTHER e.		RHEAD f.	TOTAL g.
DEVELOPMENTAL									
OPERATIONAL									
TOTAL									
23. CONFORMANO	CE WITH DATA ELE	MENTS AND	CODE	S STAND	ARDIZATIO	ON PROGRAM (A.	R 18-1, AR	18-12)	
24.			PF	REPARIN	G AGENCI	ES			
NAME/CLASS/GROUP a.		NUMBER b.	SUBMISSIONS PER YEAR c.		NAME/CLASS/GRO a.		UP	NUMBER b.	SUBMISSIONS PER YEAR c.
		-				·		-	-
									_
								+	
25.		FOR USE C)F MA	NAGEME	NT INFORI	MATION CONTRO)L		
a. APPROVED BY (Name and signature)				b. DATE (YYYYMMDD) c. REQUIREMENT CONTROL SYMBOL ASSIGNED					