

Request for New or Revised Form - Information Document

Instructions: Complete and forward along with a rough draft of the proposed new/revised form/information document. Attach a copy of the prescribing regulation, directive, or instruction. Attach Form DOJ-2, Request for Printing and Design and ATF F 1370.1, Request For Distribution Services Work Order. Items 13 and 14 are not applicable for new or revised information document requests only.

1. To: Application Development Branch Office of Science and Technology		2. From: (Division, Office, Branch)		3. Date:	
4. Request for Is: <input type="checkbox"/> Form <input type="checkbox"/> Information Document		5. Form/Information Document Is: <input type="checkbox"/> New <input type="checkbox"/> Revised			
6. Person to Contact:			7. Room Number:		8. Telephone Number:
9. Form/Information Number:	10. Edition Date (If revised):	11. Title:		12. Prescribing Directive (i.e., Existing or new directive, law, or regulation):	
13. Offices Required to Prepare This Form (Check applicable boxes): <input type="checkbox"/> Headquarters (Division, Branch, etc.) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Field (Division, Office, etc.) _____			14. Persons Required to Fill in This Form (i.e., Agents, inspectors, industry, etc.):		15. Estimated Annual Usage:
16. Purpose and Function (Explain in detail the need for this form/information document or its revision)					

17. FILING INFORMATION

Copy	Disposition <i>(Indicate to whom each copy is sent)</i>	Filed By <i>(Date, Name, etc.)</i>	Filed In <i>(Folder, Box, Binder, etc.)</i>	Retention Period
1				
2				
3				
4				
5				
6				

18. FORM/INFORMATION DOCUMENT AVAILABILITY

Should Be Available From:	<input type="checkbox"/> ATF IntraWeb (Internal)	<input type="checkbox"/> ATF Distribution Center	Available in the Following Format: <i>(Check all applicable boxes)</i>
<i>(Check all applicable boxes)</i>	<input type="checkbox"/> ATF Internet (External)	<input type="checkbox"/> Originating Office Only	

19. FORMS/INFORMATION DOCUMENT MADE OBSOLETE

Number and Edition Date:	Title:	Disposition of Old Stock:
		<input type="checkbox"/> Use Until Exhausted <input type="checkbox"/> Destroy

20. OFFICE OF PRIMARY INTEREST (OPI) CERTIFICATION

Signature of Branch Chief or Equivalent:	Date:
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21. CONTRACTS AND FORMS OFFICE - OFFICE OF SCIENCE AND TECHNOLOGY SERVICES USE ONLY

Completed By:	Date Completed:
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