

## 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.

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

### 17. FILING INFORMATION

| Copy | Disposition<br>(Indicate to whom each copy is sent) | Filed By<br>(Date, Name, etc.) | Filed In<br>(Folder, Box, Binder, etc.) | Retention Period |
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| 3    |   |                                |   |                  |
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### 18. FORM/INFORMATION DOCUMENT AVAILABILITY

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### 19. FORMS/INFORMATION DOCUMENT MADE OBSOLETE

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### 20. OFFICE OF PRIMARY INTEREST (OPI) CERTIFICATION

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

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