REQUEST FOR CLEARANCE OR CANCELLATION OF A STANDARD OR OPTIONAL FORM

INSTRUCTIONS:

For all actions to Standard and Optional forms, complete and submit a separate set of clearance documents for each form (i.e., if one form is being cancelled and replaced with another form, submit two sets of documents; one set to cancel the old form and another set to establish the new form). Then forward along with the items listed below to:

General Services Administration (Forms-XR)
1800 F Street, NW
Washington, DC 20405

1. Supporting statement describing the situation or problem which makes the initiation, revision, or cancellation of this form necessary and desirable.
2. Copy of form for all requests except cancellations. This copy should be both electronic and paper unless composition is being requested.
3. List of potential user agencies and the projected annual usage.
4. Proposed implementing or cancelling regulation/directive (for standard forms) or status announcement (for optional forms).
5. Printing specifications on Standard Form 1, or Standard Form 1C as appropriate.
6. Any other appropriate documentation.

If form will be used for public reporting (5 CFR 1320), include a copy of OMB Form 83, supporting documentation, and OMB clearance report. If form is an interagency report, include a copy of the approved Standard Form 360 and one set of supporting documents.

1. REQUESTING DEPARTMENT OR AGENCY	2. REQUESTING BUREAU OR OFFICE	3. DATE REQUEST INITIATED

4. TYPE OF ACTION *(Check as applicable)*		5. TYPE OF FORM *(Check one)*
☐ NEW	☐ OTHER *(Specify below)*	☐ STANDARD (SF)
☐ REVISION		☐ OPTIONAL (OF)
☐ CANCELLATION		

6. PROPSED FORM TITLE	7. PRESENT EDITION DATE	8. PROPOSED EDITION DATE	9. PRESENT SF OR OF NUMBER
☐ TITLE REVISED *(Check if applicable)*			

10a. PROMULGATING REGULATION OR DIRECTIVE *(Required for Standard Forms Only)*	10b. DATE OF REGULATION	11. OTHER CLEARANCES *(Check only if applicable)*	
		☐ OMB NUMBER	EXPIRATION DATE
		☐ INTERAGENCY RPT. NO.	EXPIRATION DATE

13. RELATED STANDARD OR OPTIONAL FORMS

14. OFFICIAL SUBMITTING REQUEST			15. AGENCY STANDARD AND OPTIONAL FORMS LIAISON REPRESENTATIVE		
a. SIGNATURE			a. SIGNATURE		
b. NAME					
c. TITLE			b. NAME		
d. TELEPHONE		e. DATE SIGNED	d. TELEPHONE		e. DATE SIGNED
AREA CODE	NUMBER		AREA CODE	NUMBER	

APPROVAL ACTION *(GSA ONLY)*

16a. SIGNATURE OF CLEARANCE OFFICIAL	16c. DATE SIGNED
16b. NAME OF CLEARANCE OFFICIAL	

17. FORM NUMBER ASSIGNED	18. FORM DATE

STOCK EVALUTION *(Complete for old stock of form revised on this request.)*

EXISTING STOCK Obtain this information from GSA's Federal Supply Service (FSS), General Products Commodity Center, Fort Worth, TX and evaluate against importance of revision in blocks 25-28b. Note that units are EA (Each), HD (Hundred), BX (Box), and PG (Package)

19. QUANTITY (OF UNITS) ON HAND AND DUE IN	20. MONTHLY DEMAND RATE	21. MONTHS OF STOCK (20 /21)	22. COST PER UNIT	23. ESTIMATED VALUE OF STOCK (20 x 23)	24. DATE INFORMATION OBTAINED

STOCK DISPOSITION *(Complete for revised or canceled forms.)*

25. FORM NUMBER	26. EDITION DATE	27. NATIONAL STOCK NUMBER OF FORM TO BE PHASED OUT OR MADE OBSOLETE	28. DISPOSITION ACTION	
			a. CODE*	b. EFFECTIVE DATE

*DISPOSITION CODES

1 --Discontinue form immediately and dispose of existing stock.

2 -- Discontinue form on date indicated and dispose of stock at that time.

3 -- Continue to issue existing stocks, but do not reprint.

4 -- Deplete existing forms before issuing revised or modified edition.

5 -- Order new edition immediately; dispose of existing forms upon receipt of revised item.

6 -- Other *(Explain in Item 41)*

PROCUREMENT AND STOCKING OF NEW OR REVISED FORM

29. MANDATORY USE DATE	30. NATIONAL STOCK NUMBER *(If assigned)*	31. UNIT OF ISSUE	32. ESTIMATED GOVT-WIDE USAGE *(No. forms)*	
			a. FIRST YEAR	b. SUCCEEDING YEARS

33. USAGE TYPE *(Check*

- ☐ CONSTANT
- ☐ VARIABLE *(Specify in item 41)*

34. STOCKING INSTRUCTIONS *(Check one)*

- ☐ STOCK IN GSA SUPPLY DISTRIBUTION FACILITIES
- ☐ FOR SALE TO THE PUBLIC BY SUPERINTENDENT OF DOCUMENTS
- ☐ OTHER *(Explain in item 41)*
- ☐ NO COST DISTRIBUTION *(Give address in item 41)*
- ☐ ACCOUNTABLE ITEM. RECORD ALL ISSUES OR SALES
- ☐ LOCAL REPRODUCTION Full size illustration of form available: *(Specify below)*

ATTACHMENTS AND DESCRIPTION *(Check as applicable)*

35. PRINTING SPECIFICATIONS:

- ☐ SF 1 *(Pad or Cut Sheet)*
- ☐ SF 1C *(Unit Set)*
- ☐ GPO 1025a *(Marginally Punched)*
- ☐ OTHER *(Specify below)*

36. ARTWORK AND GUIDES ATTACHED

- ☐ PENCIL OR OTHER DRAFT
- ☐ CAMERA COPY
- ☐ OTHER *(Specify)*:
- ☐ DUMMY
- ☐ SAMPLE

PROOFS

37. NUMBER OF PROOFS *(Check one)*

- ☐ NONE *(Camera copy furnished)*
- ☐ NUMBER *(Specify)*:

38. NUMBER OF DAYS PROOFS WILL BE HELD

SAMPLES *(Enter this information on printing req. Lines b and c are for Agency use.)*

39. SEND SPECIFIED NUMBER OF PRINTED FORM SAMPLES TO:

a.

b.

c.

40.ADDITONAL REMARKS