



National
Aeronautics and
Space
Administration

Request for New or Revised Form and/or Reprint Inquiry

SECTION I - REQUEST

FROM (Name and code of person to contact):				TO (Forms Management)				
1. PRESENT OR SUGGESTED FORM TITLE/DESCRIPTION				2. FORM NO. (If revision)		3. FORM DATE (Leave blank)		
4. TYPE		5. SUPERSEDED FORM(S) AND DATES(S)				6. STOCK DISPOSITION		
a. NEW	b. REVISION					a. USE	b. DESTROY	c. N/A
7. SCOPE OF USAGE				8. USAGE		9. METHOD OF COMPLETION		
a. NASA-WIDE		b. INSTAL./FACILITY		a. PERMANENT	b. TEST OR ONE TIME	a. ELECTRONIC (specify)	b. OTHER (specify)	
		(1) ONE OFFICE	(2) TWO OR MORE OFFICES					
10. TYPE OF FILING				11. MONTHLY USAGE	12. RELATED FORM(S) (Number only)		13. PRESCRIBED BY DIRECTIVE	
a. VISIBLE	b. VERTICAL	c. BINDER	d. FOLDER					
14. JUSTIFICATION (Need for new form or reason for revising existing form. Continue on reverse if necessary)								
15. TYPED NAME AND SIGNATURE OF OFFICE HEAD OR HIGHER				16. TELEPHONE		17. DATE		
						10/28/2002		

SECTION II - INQUIRY PRIOR TO REPRINTING OF BLANK FORM (Complete only when submitted by the Forms Office).

TO:			FROM (Return within 5 working days):		
REFER- ENCE 	FORM NUMBER	STOCK ON HAND	COPIES FROM PREVIOUS REQUISITION		PROPOSED REPRINT QUANTITY
			QUANTITY	DATE DELIVERED	
<p>Our records indicate that your office initiated or is the cognizant office for the above form, a copy of which is attached for your review. We are about to take steps in its replenishment, and we solicit your cooperation by checking and completing below and by furnishing any additional information pertinent to this inquiry.</p> <p>1. Form is current. Reprint "as is".</p> <p>2. Form is obsolete and existing stocks may be destroyed.</p> <p>3. We are no longer the cognizant office for this form. Code _____ now has that responsibility.</p> <p><input type="checkbox"/> 4. The form has been replaced by (Form number and edition date): _____.</p> <p><input type="checkbox"/> 5. We plan to revise the form by (Date): _____. Print only enough to last until then.</p> <p>6. The form should be revised (NOTE - Disregard the remainder of this section and complete SECTION I).</p>					
7. REMARKS (Continue on reverse)					
8. SIGNATURE OF PERSON FURNISHING THE ABOVE INFORMATION			9. TELEPHONE		10. DATE