MAGTFTC MCAGCC GUIDANCE FOR DD FORM 67 (FORM PROCESSING ACTION REQUEST)

1. Originators fill the following blocks: 1, 2, 5-13 (as needed), 14, and 17. The originator is Block 2 (From). Block 4 will be Commanding General, ATTN: Adjutant (FMO), Box 788101, MAGTFTC, MCAGCC, Twentynine Palms, CA 92278.

2. Block 14 should give additional information if referenced by other blocks and must also answer the following questions (SECNAV M-5213.1 Part II.2.a):

a. Is the information required under the cognizance of the requesting office?

b. Is all the information requested necessary?

c. How will the information be used?

d. Can the information be obtained from another source?

e. Is the request for information clearly stated?

3. Block 15 indicates the staffing involved in the form approval process. This should be coordinated with the records, privacy act, and reports managers within the sponsoring section before submission to the Forms Management Officer (FMO). The sponsor should consider the use, retention, and disposition of the record created by the filled form and include as much information as possible with the request. The FMO will verify all items and provide guidance to the sponsor as needed.

a. Does the form collect personal information from individuals? Will it be stored in a file which is retrievable by personal identifier (name, SSN, etc.)? The system of records notice (SORN) which authorizes and regulates the record system should be identified and a Privacy Act statement (PAS) should be prepared by the sponsor's Privacy Act records manager. If the SSN is used in any form, a SECNAV 5213/1 must be attached as justification.

b. Will the form be used as a mailer? If not, there is no need for Postal review.

c. Is the information being collected for a database? If so, the required data elements need to be clearly identified.

d. Will the form be retained as a record? Under what SSIC will it be filed and what paragraph of SECNAV M-5210.1 will control its disposition?

e. Is this form a reporting requirement? A Report Control Symbol will be assigned and the form will be subject to information collections control. Exemptions from control are listed in SECNAV M-5214-1.

f. Does the form collect information from 10 or more persons not employed by the Federal Government? This will require approval by the Office of Management and Budget. The FMO will coordinate the application for this approval, but the sponsor will be responsible for providing the application package. Exemptions from this process are listed in SECNAV M-5214-1.

4. Block 17 will be signed by the POC for the sponsoring organization (person requesting or creating the form).

5. Block 18 must be signed by the Director or Deputy Director of the activity (as on the correspondence route sheet) to approve the use of the form. The DD Form 67 will be returned to the sponsor for this signature at the end of the approval process.

6. Submit the DD Form 67 with a draft or description of the requested form and the requiring directive. If the directive is lengthy, a copy of the portion(s) that prescribes the use of the form and references the form will be sufficient. If there is no requiring directive, indicate what directive will need to be changed to prescribe the use of the form. The directive will be issued after the form is approved.

FORM PROCESSING ACTION REQUEST

(Read Instructions on back and in DoD 7750.07-M before completing this form.)

1. DATE OF REQUEST *(YYYYMMDD)*: 20111213

2. FROM *(DoD Component OPR Organization and complete mailing address)*:
Office of Primary Responsibility
Official Mailing Address
Box 788###
MAGTFTC, MCAGCC
Twentynine Palms, CA 92278

3. THRU *(DoD Component FMO Organization and complete mailing address)*:

4. TO *(Organization and complete mailing address)*:
Commanding General
Attn: Adjutant (FMO)
Box 788101
MAGTFTC, MCAGCC
Twentynine Palms, CA 92278

5. FORM DESIGNATION AND NUMBER *(Leave blank if a new form)*:

6. EDITION DATE *(Enter only if cancelling a form)*:

7. FORM TITLE: SAMPLE OF NEW OFFICIAL DESIGNATION

8. ACTION TYPE *(Select one)*: New

9. FORM TYPE *(Select one)*: Prescribed

10. SUBJECT GROUP *(Leave blank if a new form)*: 5213

11. PRESCRIBING ISSUANCE(S): CCB 5213

12. FORM DISPOSITION *(List all forms to be replaced by proposed form)*

a. FORM NUMBER *(Enter "N/A" if none)*	b. EDITION DATE	c. DISPOSITION
Unnumbered/Unofficial	if any	Obsolete

13. PROPOSED FORM DESIGN CONSIDERATIONS

a. DESIGN TYPE	b. SUGGESTED SIZE	c. PRINTING SPECIFICATIONS
Fill and Print	Std	No
d. CLASSIFIED	**e. CONTROLLED FORM**	**f. DIGITAL SIGNATURE FIELD**
No	No	Yes, enable e-sign

g. AVAILABILITY *(Select one)*: Electronic Form - DoD Forms Mgmt. Program web site

14. PURPOSE AND DESCRIPTION OF USE *(Attach continuation page if necessary.)*

Here is where you will describe the purpose and use of the form in sufficient detail that someone unfamiliar with your activity can understand it. At a minimum, these five questions must be addressed: Is the information required under the cognizance of the requesting office? Is all the information requested necessary? How will the information be used (include where and how long it will be retained)? Can the information be obtained from another source? Is the request for information clearly stated?

Also explain any non-standard entries from prior blocks, such as that this is a new official form to replace a prior unofficial form, any limitations to public access to the blank form, whether information is collected from the public, etc.

15. INTERNAL COORDINATION AND CONCURRENCE

	(1) APPLICABLE? *(Yes/No)*	(2) REMARKS *(Enter applicable remarks related to coordination, and attach appropriate documentation.) (If space permits, enter coordinator email address here.)*	(3) COORDINATOR NAME	OFFICE SYMBOL	TELEPHONE NO. *(Incl. area code/DSN)*	INITIALS
a. PRIVACY ACT	Yes	SORN if applicable, PAS applicable?				
b. POSTAL	No					
c. DATA ELEMENTS		Applicable for data base information				
d. RECORDS MGMT	Yes	RDS: 5213.1 - 2 YRS - retention schedule				
e. OTHER		May be SJA, Comptroller, etc.				
f. REPORTS						
RCS		Applies to information collection				
OMB		Applies if public information collection				

16. EXTERNAL COORDINATION AND CONCURRENCE *(Not required for SD, DoD Component, or Command forms. Attach continuation page if necessary.)*

a. DOD COMPONENT	b. COORDINATOR NAME	OFFICE SYMBOL	TELEPHONE NO. *(Include area code/DSN)*	EMAIL ADDRESS	INITIALS

CERTIFICATION OF DOD COMPONENT OPR AND/OR ACTION OFFICER, APPROVING OFFICIAL, AND FMO
I hereby certify that all of the above coordinations have been completed as indicated.

17. DOD COMPONENT OPR AND/OR ACTION OFFICER

a. TYPED NAME AND TITLE	b. TELEPHONE NUMBER *(Include area code/DSN)*	c. SIGNATURE
POC for Office of Primary Responsibility		

18. DOD COMPONENT APPROVING OFFICIAL

a. DATE SIGNED *(YYYYMMDD)*	b. TYPED NAME, TITLE, AND SIGNATURE
	Name, AC/S, Director, or Deputy for OPR

19. DOD COMPONENT OR COMMAND FORMS MANAGEMENT OFFICER

a. DATE SIGNED *(YYYYMMDD)*	b. TYPED NAME, TITLE, AND SIGNATURE

20. APPROVING FORMS MANAGEMENT OFFICER

a. TYPED NAME	b. DATE SIGNED *(YYYYMMDD)*	c. SIGNATURE

INSTRUCTIONS FOR COMPLETING DD FORM 67

1. DATE OF REQUEST. As stated.
2. FROM. As stated.
3. THRU. As stated.
4. TO. As stated
5. FORM DESIGNATION AND NUMBER. Leave blank if new form.Enter form number if form is revised or proposed canceled, e.g. DD Form 67.
6. EDITION DATE. As stated.
7. FORM TITLE. Enter the title of the form exactly as it appears on the form. Do not use acronyms in the title. Do not use the word "form."
8. ACTION TYPE. Select one:
   "New" - Proposed new form.
   "Revised" - Existing form being revised.
   "Cancellation" - Existing form being canceled.
   "Other" - Indicate whether the request is for a "Test," "Reinstatement," etc. Enter in item 14.
9. FORM TYPE. Select one:
   "Prescribed" - form is prescribed for mandatory use by all DoD Components to whom the form applies in a DoD issuance.
   "Adopted" - form's use is optional by two or more Dod Components and is prescribed in a DoD Component issuance.
10. SUBJECT GROUP. Leave blank if new form. Revised or proposed canceled form, enter subject group listed on the existing DD Form 67. The subject groups (major and subgroup) can be found on the DoD Issuance Web site, http://www.dtic.mil/whs/directives/index.html , the Issuance Process.
11. PRESCRIBING ISSUANCE(S). Enter the document that prescribes the use of the form. If the form is adopted for use, enter the document number of each using Component.
12. FORM DISPOSITION. Enter the form number and edition date of form(s) being replaced. Determine if the form(s) being replaced are used or obsolete. If "Use," indicate in item 14 how long used. If not applicable, enter "N/A" in 12.a.
13. PROPOSED FORM DESIGN CONSIDERATIONS.
    a. Design Type. Select how the form should be designed for use:
       "Print and Fill" - To be printed and filled in by hand and mailed for submission.
       "Fill and Print" - To be filled in on-line and printed for submission.
       "Fill and Submit" - To be filled in and submitted on-line, perhaps by e-mail.
       "Fill, Submit, and Process" - Part of a system or workflow.
       "Physical Product" - Hardcopy output possibly by commercial printer for stocking, e.g. tags, labels.
    b. Suggested Size. Enter the suggested size for the form.
    c. Printing Specifications. Enter "Yes" if the form will be designed for commercial printing and attach the printing specifications.
    d. Classified. Select the appropriate drop-down choice.
    e. Controlled. Select the appropriate drop-down choice.
    f. Digital Signature Field. If Yes is selected, the signature fields will be enabled as digital signature fields.
13. PROPOSED FORM DESIGN CONSIDERATIONS *(Continued)*.
    g. Availability. Select the availability of the form to users:
       - Electronic Form - DoD Forms Management Program web site
       - Electronic Form - Distributed by OPR, no web.
       - Electronic Form - Distributed by FMOs for release, no web.
       - Electronic Form - Other, state in item 14.
       - Physical Product - Stocked by using DoD Components.
       - Physical Product - Stocked and issued by OPR.
       - Physical Product - Stocked by other, state in item 14.
       - Controlled Form - Availability stated in item 14.
14. PURPOSE AND DESCRIPTION OF USE. State purpose and description of use. If canceled, state reason for cancellation. Other remarks may be entered here.
15. INTERNAL COORDINATION AND CONCURRENCE. Component coordination of Component Program Manager for each program listed. Initials/coordination can be signed with a digital signature using a DoD CAC with a DoD certificate for electronic submission or printed for handwritten initials.
    a. Privacy Act - If form collects personal identifiable information (PII), Privacy POC coordination is required. List the Systems of Records Notice Number and attach a copy. Also attach a justification for collecting the PII.
    b. Postal. If form is used as a mailer or requires mail indicia, the DoD Component Postal Official coordination is required.
    c. Data Elements. If form is to be designed with specific data field names, attach list.
    d. Records Management. Coordinate with the Records Manager and enter the records disposition schedule under "Remarks".
    e. Other. If form requires coordination from an office not listed, identify here.
    f. Reports. If form is used as an instrument to collect information from subordinate commands within DoD Component, other DoD Components, from other Federal agencies, or from public, coordinate with the DoD Component Information Management Control Officer (IMCO). Enter the RCS and/or OMB number in the Remarks column.
16. EXTERNAL COORDINATION AND CONCURRENCE. Obtain the coordination of each DoD Component expected to use the form or currently using the form.
17. DOD COMPONENT OPR AND/OR ACTION OFFICER. Enter the appropriate information and signature for the action officer.
18. DOD COMPONENT APPROVING OFFICIAL. Enter the appropriate information and signature of the DoD Component Approving Official. This official must be at the Division Director level or above.
19. DOD COMPONENT OR COMMAND FORMS MANAGEMENT OFFICER. Enter appropriate information and signature of the DoD Component or Command FMO. The FMO signature certifies the DD Form 67 is correct and complete and recommends approval.
20. APPROVING FORMS MANAGEMENT OFFICER. Enter the appropriate information for the FMO responsible for approving the form request. Leave blank on DD and SD Forms.

SSN REDUCTION REVIEW

DATE COMPLETED: _____

Submission for *(Check one)*: ☒ FORM ☐ IT SYSTEM

Form Number: CC 1234/1

Requiring Document: CCO, CCB, SOP, etc

Form Revision Date: current edition or "pending" if new form

SECTION 1

TO BE COMPLETED BY FORM ORIGINATOR/SPONSOR. Forms that collect and retrieve by SSN/PII must be covered by a System of Record Notice (SORN), be call for within a requiring document, and have Privacy Act Officer approval for Privacy Act Statements. Return completed packages that contain the SSN Reduction Review Form, Justification, and if need the DD 67 and the SSN Elimination Plan to the cognizant forms manager. If SECNAV/OPNAV/NAVSO send to DON Forms Manager OPNAV. DONFORMS.DNS51@navy.mil, If NAVMC forms send to the USMC Forms Manager, SMB.HQMC.ARDE@USMC.MIL

1. Is the form covered by a System of Record Notice (SORN)?	☒ YES	☐ NO
a. If yes, what is the SORN number? Research at http://www.doncio.navy.mil/Conte		
b. If no, contact the Privacy Act Officer for instructions.		
2. Does the form contain a Privacy Act Statement (PAS)?	☒ YES	☐ NO
a. If yes, has the PAS been approved by a Privacy Act Officer?	☐ YES	☒ NO
b. If no, contact the Privacy Act Officer for instructions.		
3. Is the SSN Field needed?	☒ YES	☐ NO
a. If no, complete DD67 to request revision of the form.		
4. Is this form electronic?	☐ YES	☒ NO
a. If yes, is the SSN field masked or truncated?	☐ YES	☐ NO
b. If no, could it be?	☐ YES	☐ NO
5. Is this form part of an IT system?	☐ YES	☒ NO
a. If yes, what is the IT System name and DITPR DON ID?		
b. If yes, does the IT System mask or truncate the display of the SSN on the form?	☐ YES	☐ NO
c. If no, Could it be?	☐ YES	☐ NO
6. Is Justification Memorandum for the Record attached?	☒ YES	☐ NO
7. Could an alternative to the SSN be used?	☐ YES	☒ NO

CONTACT INFORMATION - IT System Owner or Form Originator/Sponsor

Name, Code, Mailing Address	Office Telephone Number:
Point of Contact, Office of Primary Responsibility, MAGTFTC, MCAGCC	760-830-####
	E-mail Address
	Point.Contact@usmc.mil

SECTION 2 TO BE COMPLETED BY PRIVACY ACT OFFICER

To verify information given in Section 1 is accurate, is in compliance with Privacy Act Regulations, and meets requirements of the SSN Reduction Plan.

1. Is Privacy Act Statement (PAS) correct?	☐ YES	☐ NO
2. If there is not a PAS, is one needed?	☐ YES	☐ NO
3. If a PAS needed, what is the correct PAS? *(Originator/owner of form/IT system will work with the Privacy Act Officer to draft a PAS if needed) (Field will expand to fit typed data))*		
4. Is the System of Records Notice (SORN) number cited in Section 1 correct?	☐ YES	☐ NO
5. Does a SORN need to be initiated? *(Determination of need for SORN will be worked between the originator/owner of form/IT system and Command Privacy Act Office)*	☐ YES	☐ NO
6. Is use of SSN Justification Form complete and approved?	☐ YES	☐ NO

☐ APPROVED

☐ DISAPPROVED

Privacy Act Officer Printed Name _____ Privacy Act Officer Signature _____ Date _____

SECTION 3 - COMMAND FORMS MANAGER

☐ APPROVED

☐ DISAPPROVED

Forms Manager Printed Name _____ Forms Manager Approval Signature _____ Date: _____

NOTES:
(1) If Disapproved, sponsor/originator will need to provide a plan to include milestones and timeline of the elimination of the SSN usage.
(2) SSN Reduction Packages for forms will be kept by the cognizant form manager in the forms's history/case file.
(3) SSN Reduction Packages for IT Systems will be kept by the cognizant CIO office.

Date

MEMORANDUM FOR THE RECORD

Subj: JUSTIFICATON FOR THE USE OF THE SOCIAL SECURITY NUMBER (SSN)

CC 1234/1 EXAMPLE OF JUSTIFICATION

(Form number and name or IT system name and DITPR DON ID number)

1. Describe the subject form with enough detail that someone unfamiliar with its use should be able to grasp a general understanding of its purpose and function. This should include who uses the form, how the information is used, where and how long the record is retained, and the final disposition of the form, as well as a brief description of the process that requires the use of the form.

2. Explain which acceptable use case is being used to justify the use of the SSN. Acceptable use cases are listed in Attachment 1 of Directive-Type Memorandum (DTM) 07-015-USD(P&R) - "DoD Social Security Number (SSN) Reduction Plan," which can be found at http://www.dtic.mil/whs/directives/corres/pdf/DTM-07-015.pdf. If the justification does not fall under either the operational necessity use case or the legacy system interface use case, then the justification shall also specify the law that requires the use of the SSN and why it is applicable to the use being justified.

3. Reference should be made to the form supporting documentation, including but not limited to, System of Records Notice (SORN), Privacy Impact Assessment (PIA), Paperwork Reduction Act (PRA) collection, or any other documentation that may be appropriate. If a copy of the documentation is not attached, reference should be made to how the reader may gain access to this documentation. (SORN's can usually be found on the Navy's Privacy website: http://www.doncio.navy.mil/ContentView.aspx?ID=1876)

4. Justification for the use of the SSN does not continue blanket permission to use the SSN. Actions should be specified which are being taken to reduce the vulnerability of the SSN, which may include indicating where SSN's are being removed from transactions. The actions specified should indicate to the reader that thorough effort has been made to evaluate the risk associated with the form and that every reasonable step has been or is being taken to reduce the use of the SSN and protect it where the use is still required.

5. If the justification for the use of the SSN falls under the legacy use case and is not specifically required by the law, reference shall be made to the Plan of Actions and Milestones for the elimination of the use of the SSN and that plan shall be attached.

[will be signed by the Forms Management Officer, by direction of the Commanding General]

Signature *(Flag, SES, or by direction)*

Title and Code

Command