

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.

a. Provide a description of the form to answer the following questions (SECNAV M-5213.1 Part II.2.a):

(1) Is the information required under the cognizance of the requesting office?

(2) Is all the information requested necessary?

(3) How will the information be used?

(4) Can the information be obtained from another source?

(5) Is the request for information clearly stated?

Do not restate the questions; make sure that the description in Block 14 indicates that you have considered all these questions

b. Give additional information if referenced by other blocks (e.g., distribution) and basic information for Block 15 items (see paragraph 3).

c. Provide an estimated cost of using the form. Block 14 should include an estimate of how many forms will be prepared each year, and the estimated time to fill and process each one. More detailed information can be attached.

3. Block 15 documents the staffing/review 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 in Block 14. The FMO will verify all items and provide guidance to the sponsor as needed. The specific line items are as follows:

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 in Block 14 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 and the form reviewed and approved by the database owner.

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? If this is a new requirement, see CCBul 5214 for additional instructions on how to sponsor an information collection. If this is the implementation of an existing requirement, provide the directive that prescribes the report. 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 first page and portion(s) that prescribe the use of the form and reference the form will be sufficient. If there is no requiring directive, indicate what directive will

be created or changed to prescribe the use of the form, and follow normal correspondence procedures to route the directive for approval (CCO 5210.2A). The form will not be authorized for use until the directive is signed, although the design and approval process may continue while the directive is routed for review and signature. **Forms not prescribed by a current directive are not authorized for use.**

7. When the prescribing directive is signed, the form will be finalized with an edition date that reflects the date of the directive and posted to Naval Forms Online. A link to the posted form will be sent to the sponsor. Users should be directed to the link whenever possible, unless they have no access to the website. Minor corrections may be made to the posted form, and using the link ensures access to the correct version.

FORM PROCESSING ACTION REQUEST <i>(Read Instructions on back and in DoD 7750.07-M before completing this form.)</i>				1. DATE OF REQUEST (YYYYMMDD)	
2. FROM (DoD Component OPR Organization and complete mailing address) Office of Primary Responsibility (OPR) Official Mailing Address Box 788### MAGTFTC, MCAGCC Twentynine Palms, CA 92278		3. THRU (DoD Component FMO Organization and complete mailing address) If this is a request for a new or revised higher level form, put the Adjutant here and we will route the request to the appropriate agency.		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 <i>(Leave blank if a new form)</i>		6. EDITION DATE (Enter only if cancelling a form)	7. FORM TITLE TITLE (do not include the word "form")		
8. ACTION TYPE (Select one) New		9. FORM TYPE (Select one) Prescribed	10. SUBJECT GROUP <i>(Leave blank if a new form)</i>	11. PRESCRIBING ISSUANCE(S) CCBul 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. For all forms, 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. Describe who will use the form, how many will be used annually, how much time users will spend filling in and agency will spend processing the information. Explain whether PII will be collected from individuals.					
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)
a. PRIVACY ACT		SORN if applicable. PAS applicable?	PA Coordinator	ADJ	
b. POSTAL		Only if form is a mailer			
c. DATA ELEMENTS		Applies to database information	Database owner		
d. RECORDS MGMT	Yes	RDS: 5213.1 - 2 YRS (include this in Block 14)	Records Mgr	ADJ	
e. OTHER		May be SJA, Comptroller, etc.			
f. REPORTS					
RCS		Applies to reporting requirements (check directive)	Reports Mgr	ADJ	
OMB		Applies to public information collection	Reports Mgr	ADJ	
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 POC for Office of Primary Responsibility (Sponsor)		b. TELEPHONE NUMBER (Include area code/DSN)		c. SIGNATURE	
18. DOD COMPONENT APPROVING OFFICIAL			19. DOD COMPONENT OR COMMAND FORMS MANAGEMENT OFFICER		
a. DATE SIGNED (YYYYMMDD)	b. TYPED NAME, TITLE, AND SIGNATURE Name of AC/S, Director, or Deputy for OPR		a. DATE SIGNED (YYYYMMDD)	b. TYPED NAME, TITLE, AND SIGNATURE	
20. APPROVING FORMS MANAGEMENT OFFICER					
a. TYPED NAME Command FMO (Adjutant)		b. DATE SIGNED (YYYYMMDD)		c. SIGNATURE	

Instructions for Completing DD Form 67 - Form Processing Action Request

1. General. These instructions detail the procedures for obtaining approval for the creation, revision, or cancellation of a Department of Defense (DD), Secretary of Defense (SD), DON Component or command form (SECNAV, OPNAV, NAVMC, MCIEAST, etc.). Use of the DD 67 to document forms processing procedures is mandatory. The back of the DD 67 shall be overprinted to accommodate the respective DON or command for printing specifications and other specific requirements.
2. Completion Instructions:

ITEM NUMBER	INSTRUCTIONS
1.DATE OF REQUEST	Enter the date of the form request. Format: YYYYMMDD
2.FROM	Enter the complete mailing address of the USMC Component Office of Primary Responsibility and/or Action Officer's command. Authorized abbreviations may be used.
3.THRU	If the request is for a NAVMC or higher level form (DD, SECNAV etc.), enter the complete mailing address of the USMC component Forms Mgmt Officer (FMO). Authorized abbreviations may be used.
4.TO (Organization and complete mailing address)	If the request is for a NAVMC or higher level form, enter "Headquarters USMC (ARDE), 3000 Marine Corps Pentagon, FOB #2, Room 1209, Attn: USMC Forms Manager, Washington, DC 20350-3000". If request is for other than DD, SECNAV, or NAVMC, enter the organization and address of the approving USMC component Forms Manager.
5.FORM DESIGNATION AND NUMBER	Leave this blank if a new form. For a revised form or proposed cancellation, enter the number of the existing form (e.g. NAVMC 11537)
6.EDITION DATE	Enter only when cancelling a form; otherwise leave blank. The FMO enters the date for all requests for new or revised forms. Format: YYYYMMDD
7.FORM TITLE	Enter the title of the form exactly as it should appear or appears on the form. Do not use an abbreviation unless it appears in the title on the form. Do not use the word "FORM" in the title.
8.ACTION TYPE	Drop-down selections: New, Revised, Cancellation, or Other. Select the appropriate item to indicate whether the request is for a new (creation), revision, or cancellation of a form. Use the "Other" selection to indicate whether the request is for a "Test", "Reinstatement", etc. Enter "Other" selection type in block 14.
9.FORM TYPE	Drop-down selections: Prescribed or Adopted. Select the appropriate item to indicate whether the form is "Prescribed" or "Adopted". "Prescribe" indicates the form is prescribed for mandatory use by DON to whom the form applies in a DON/MCO document or issuance. "Adopted" indicates a form is initiated by DON on a voluntary basis, in conjunction with other (one or more) DON commands to replace an existing DON department or command form.
10.SUBJECT GROUP	Leave blank if a NEW form. For a revised or obsolete form, enter the Standard Subject Identification Code (SSIC) listed on the existing DD 67.
11.PRESCRIBING ISSUANCE(S)	Enter the number of the document or issuance that prescribes the use of the form. If the form is adopted for use by more than one DON Component, enter the document or issuance number of EACH using Component's prescribing document or issuance and attach a copy. If the proposed form is prescribed for use for more than one USMC Component enter the directive number and attach a copy of each command's prescribing directive.
12.FORM DISPOSITION	Drop-down selections: Blank field, Use or Obsolete. Enter the form number and edition date of all existing forms to be replaced by the proposed form. If the proposed form is a revision or consolidation, indicate whether existing stock may be used or is obsolete. If "Use" is selected, indicate in block 14 how long the existing form can be used. If the request is for a new, not a consolidation or

	cancellation, enter "N/A."
13. PROPOSED FORM DESIGN CONSIDERATIONS	
a. Design Type	<p>Select whether the form will be designed for one of the following drop-down selections.</p> <ul style="list-style-type: none"> • Print and Fill. Form will be printed out and filled in by typewriter or by hand and mailed for submission • Fill and Print. Form will be filled in on-line and printed for submission • Fill and Submit. Form will be filled in and submitted on-line. • Fill, Submit and Process. Form is part of a workflow process • Physical Product
b. Suggested Size	<p>Enter "8 ½" x 11 inches" for standard size forms. The General Service Administration (GSA) requires that forms not be larger than 8 ½ x 11, unless justified. Provide written justification with the DD 67 for those forms larger than 8 ½ x 11. Coordinate each request for a postcard, self-mailer, etc. with the appropriate USMC postal policy official before sending it to the component Forms Manager.</p>
c. Printing Specifications	<p>Drop-down selection: No or Yes. If "No" the form will be designed and made available electronically unless indicated otherwise in 13.g. If "Yes" is checked, attach a copy of the mandatory printing specifications so all agencies will print the form exactly as the specifications stipulate. A DD 843 or 844, SF 1 or SF 1-C, or GPO 126a may be used instead of "text-style" written printing specifications. Any printing or construction deviation requires a written request for a waiver through the cognizant Forms Manager to the USMC OPR and/or Action Officer to obtain approval to deviate from the mandatory printing specifications. The DD 843 and DD 844 can be downloaded from the DoD Forms Management Program website: http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm . The SF 1 and SF 1-C can be downloaded from the GSA website http://www.gsa.gov/forms . The GPO 1026a can be downloaded from the GPO website: http://www.gpo.gov/customers/sfas1.htm .</p>
d. Classified	<p>Drop-down selections: No, When blank, or When filled in. Selecting "When blank" or "When filled in" indicates the requestor and the use of the form are responsible for ensuring the form contains the required markings and the security guidelines of reference(s) are complied with during the life cycle of the form. Selecting "No" indicates the form is not classified and there is no need for security controls.</p>
e. Controlled	<p>Drop-down selection: No, Safeguarded, or Serially Numbered. Selecting either "Safeguard" or "Serially Numbered" indicates that the unauthorized use of the form could jeopardize security or result in fraudulent financial gain or claims against the Government. Most controlled forms are printed with serial numbers so each form can be accounted for during issuing, printing, shipping, etc. Pre-numbering a form does not always make it a controlled form; the form maybe numbered to control an item such as baggage and dry cleaning.</p>
f. Digital Signature Field	<p>Drop-down selection: No or Yes, enable e-sign. If "Yes" the Signature fields on the form will be enabled as electronic signature fields.</p>
g. Availability	<p>Drop-down selections: Select the availability of the form to users.</p> <ul style="list-style-type: none"> . Electronic Form - DoD Forms Management Program Web Site. . Electronic Form - Distributed by OPR/Action Officer, no Web. . Electronic Form - Distributed by FMO's for release, no Web. . Electronic Form - Other, state in block 14 . Physical Product - Stocked by using DoD Component . Physical Product - Stocked and issued by OPR/Action Officer . Physical Product - Stocked by other, state in block 14 . Controlled Form - Availability stated in block 14

14.PURPOSE AND DESCRIPTION OF USE (attach additional sheet, if necessary)	State the purpose and a description of the form's use as identified in the prescribing document or issuance. If the form is to be cancelled, state the reason for the cancellation. If the action is for a new or revised form, the description should be detailed enough to inform the reader whether he or she has a use or need for the form. Based on the description in this block, the reader should be able to make this decision without ever seeing the form. Make sure the description answers the "who," "what," "when," "where," "why," etc., of the form.
15.INTERNAL COORDINATION AND CONCURRENCE	Within the originating Component, obtain the coordination of the Component Program Manager for each of the programs listed. The Program Manager determines applicability, includes any remarks as determined below, enters his or her name, office symbol, telephone number, and initials the form. If coordination is obtained by telephone, the OPR/Action Officer must enter his or her own initials to certify that the coordination was done. If a form revision is administrative only, such as a change to an OMB Control Number expiration date and form edition date; a DD 67 will not be required. Written notification for administrative changes is, however, only acceptable within 3 years since the last revision; if 3 years have passed, the request requires a coordinated DD 67. Initials can be handwritten or, for electronic submission, entered using a digital signature with the DoD Common Access Card (CAC) and a DoD Certificate.
a. Privacy Act	If an individual's Social Security Number, home address, home phone number, or other personal information is requested on the form, the procedures in the DoDD 5400.11-R, "DoD Privacy Program, "May 14, 2007 apply. Complete block 15.a. indicating whether the Privacy Act is applicable by selecting either "Yes" or "No". If "Yes" contact the Component Privacy POC for coordination. Enter the Systems of Records Notice obtained from the Privacy POC in block 15.a. (2), "Remarks," and attach a copy.
b. Postal	If the form is used as any type of mailer, DoD 4525.8-M, "DoD Official Mail Manual," December 26, 2001 applies. Complete block 15.b. indicating whether USPS requirements are applicable by selecting either "Yes" or "No." If "Yes", contact the Component Official Mail Manager for coordination. Enter the type of mail (e.g., business reply mail, postcard) under "Remarks."
c. Data Elements	All forms require coordination with the Component Data Administration POC. Complete block 15.c. indicating whether data elements are applicable by selecting "Yes" or "No". Include "Remarks" if necessary. The Component Data Administration POC information identified above and coordination is entered.
d. Records Management	All forms requests require coordination with the Component Records Manager. Enter the records disposition schedule under "Remarks."
e. Other	If the forms request requires coordination with an office not provided on the DD 67, include the POC information identified in the instructions for item 15 in this block (e.g., Legal Counsel).
f. Reports	If the form is used to collect information on an agency basis for use in determining policy; planning, controlling, or evaluating operations and performance; making administrative decisions or preparing other reports, Complete item 15.e. with the Component Information Management Control Officer's (IMCO) name, initials, office symbol, and telephone number.
16.EXTERNAL COORDINATION AND CONCURRENCE	Obtain the coordination of each DON component expected to use the proposed form or currently using the existing form. The respective project officer for each DON command should complete items 16a, reflecting the name of their DON component, full name, office symbol, telephone number, and e-mail address. Initials can be handwritten or, for electronic submission, entered using a digital signature with the CAD and DoD Certificate.
CERTIFICATIO OF DoD COMPONENT OPR AND/OR ACTION	Enter signatures in blocks 17, 18, and 19 to certify that all of the above coordination has been completed as indicated.

OFFICER, APPROVING OFFICIAL AND FMO	
17.DoD COMPONENT OPR AND/OR ACTION OFFICER	Enter the typed name, signature, title, and telephone number of the person responsible for coordinating the forms processing request. This person is the DoD Component or command representative of the respective functional are who can provide technical information about the purpose and use of the form. DO NOT enter the name, etc., of the Component FMO.
18.DoD COMPONENT APPROVING OFFICIAL	Enter the date, typed name, title, and signature of the DoD Component or command approving official. This official must be at the Division director level or above for DD, SD and DoD Component forms and is normally the approving official for the respective prescribing directive for the form
19.DoD COMPONENT OR COMMAND FMO	Enter the date, typed name, title, and signature of the DoD Component or command FMO. This signature also certifies the FMO has reviewed the DD 67, that is correct and complete, and the he or she recommends approval by the higher level Forms Manager.
20.APPROVING FMO	Leave blank on DD and SD forms processing requests. For DoD Component or command forms, the respective FMO is the approving authority. Enter the typed name, date, and signature of the FMO responsible for approving the form processing request. Return all disapproved requests through the appropriate chain of command, with an accompanying memo explaining the reason for the disapproval.
BUTTONS ON BOTTOM OF FORM:	Save - Allows you to save the form. Print - Allows you to print the form. Reset - Removes all data previously completed and provides a blank form.

EMAIL SUBMIT	SSN REDUCTION REVIEW	DATE COMPLETED: _____
Submission for (Check one): <input checked="" type="checkbox"/> FORM <input type="checkbox"/> IT SYSTEM		
Form Number: CC 1234/1 Form Revision Date: current edition or "pending" if new form	Requiring Document: CCO, CCB, SOP, etc	

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

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|--|---|--|
| 1. Is the form covered by a System of Record Notice (SORN)? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If yes, what is the SORN number? <u>Research at http://www.doncio.navy.mil/Cont</u> | | |
| b. If no, contact the Privacy Act Officer for instructions. | | |
| 2. Does the form contain a Privacy Act Statement (PAS)? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If yes, has the PAS been approved by a Privacy Act Officer? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. If no, contact the Privacy Act Officer for instructions. | | |
| 3. Is the SSN Field needed? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If no, complete DD67 to request revision of the form. | | |
| 4. Is this form electronic? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| a. If yes, is the SSN field masked or truncated? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. If no, could it be? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Is this form part of an IT system? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. If no, Could it be? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Is Justification Memorandum for the Record attached? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Could an alternative to the SSN be used? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

CONTACT INFORMATION - IT System Owner or Form Originator/Sponsor

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

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|---|------------------------------|-----------------------------|
| 1. Is Privacy Act Statement (PAS) correct? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. If there is not a PAS, is one needed? | <input type="checkbox"/> YES | <input type="checkbox"/> 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? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Does a SORN need to be initiated?
<i>(Determination of need for SORN will be worked between the originator/owner of form/IT system and Command Privacy Act Office)</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Is use of SSN Justification Form complete and approved? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

<input type="checkbox"/> APPROVED	Privacy Act Officer Printed Name	Privacy Act Officer Signature	Date
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SECTION 3 - COMMAND FORMS MANAGER

<input type="checkbox"/> APPROVED	Forms Manager Printed Name	Forms Manager Approval Signature	Date:
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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 enclosure (2) of Department of Defense Instruction 1000.30 Reduction of social Security Number (SSN) Use Within DoD, which can be found at <http://www.dtic.mil/whs/directives/corres/pdf/100030p.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 Defense Privacy and Civil Liberties Office website: http://dpcl.o.defense.gov/privacy/SORNs/component/DOD_Component_Notices.html).
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

Note: Justification must include operational necessity, cost, etc. explanation and impact if SSN were to be eliminated)