

**MAGTF/TC MCAGCC GUIDANCE FOR DD FORM 67**  
**(FORM PROCESSING ACTION REQUEST)**

ITEM NUMBER	INSTRUCTIONS
1. DATE OF REQUEST	Enter the date of the form request: 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 Management 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 work "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." "Prescribed" indicated the form is prescribed for mandatory used 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 Form 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 or 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 AND 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"> <li>• Print and Fill. Form will be printed out and filled in by typewriter or by hand and mailed for submission.</li> <li>• Fill and Print. Form will be filled in online and printed for submission.</li> <li>• Fill and Submit. Form will be filled in and submitted online.</li> <li>• Fill, Submit, and Process. Form is part of a workflow process.</li> </ul> <p>Physical Product.</p>
b. SUGGESTED SIZE	<ul style="list-style-type: none"> <li>• Enter "8 1/2 X 11 inches" for standard size forms. The General Service Administration (GSA) requires that forms not be larger than 8 1/2 X 11 unless justified. Provide written justification with the DD Form 67 for those forms larger than 8 1/2 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.</li> </ul>
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", 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:  <a href="http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm">http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm</a>.  The SF 1 and SF 1-C can be downloaded from the GSA website <a href="http://www.gsa.gov/forms">http://www.gsa.gov/forms</a>. The GPO 1026a can be downloaded from the GPO website: <a href="http://www.gpo.gov/customers/sfasl.htm">http://www.gpo.gov/customers/sfasl.htm</a>.</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.</p> <p>Selecting "No" indicating 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 the</p>

	<p>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 the 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"> <li>• Electronic Form-DoD Forms Management Program Website.</li> <li>• Electronic Form-Distributed by OPR/Action Officer.</li> <li>• Electronic Form-Distributed by FMO's for release.</li> <li>• Electronic Form-Other, state in block 14.</li> <li>• Physical Product-Stocked by using DoD Component.</li> <li>• Physical Product-Stocked and issued by OPR/Action Officer.</li> <li>• Physical Product-Stocked by other, state in block 14.</li> </ul> <p>Controlled Form-Availability stated in block 14.</p>
14. PURPOSE AND DESCRIPTION OF USE (Attach additional sheet if necessary)	<p>State the purpose and 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 the 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: WHO, WHAT, WHEN, WHERE, WHY, etc., of the form. Provide a description of the form to answer the following questions per SECNAV M-5213.1 Part II.2a):</p> <ul style="list-style-type: none"> <li>• Is the information required under the cognizance of the requesting office?</li> <li>• Is all the information requested necessary?</li> <li>• How will the information be used?</li> <li>• Can the information be obtained from another source?</li> <li>• Is the request for information clearly stated?</li> </ul> <p><b>Do not restate the questions; ensure that the description in block 14 indicates you have considered the above questions.</b></p> <p>Give additional information if referenced by other blocks (e.g. distribution) and basic information for block 15 items.</p> <p>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.</p>
15. EXTERNAL COORDINATION AND CONCURRENCE	<p>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 15a, reflecting the name of their DON component, full name,</p>

	office symbol, telephone number, and email address. Initials can be handwritten or electronically signed with the DoD Common Access Card (CAC) and a DoD Certificate.
16. 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 the applicability, includes any remarks as determined below, enters their name, office symbol, telephone number and initials on the form. If coordination is obtained by telephone, the OPR/Action Officer must enter their 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 Form 67 will not be required. Written notification for administrative change is, however, only acceptable within three years since the last revision; if three years has passed, the request requires a coordinated DD Form 67. Initials can be handwritten or electronically signed with the DoD 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 DoD 5400.11-R, "DoD Privacy Program" dtd 14 May 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 (SORNS) 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 mailed, DoD 4525.8M, "DoD Official Mail Manual," dtd 26 December 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 Form 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.
17. DOD COMPONENT OPR AND/OR ACTION OFFICER	Enter the typed name, signature, title, and telephone number of the person responsible.  Must be signed by the POC for the sponsoring organization (the person requesting or creating the form is the sponsor) in order to certify that all of the above coordination has been completed

	as indicated.
18. DOD COMPONENT APPROVING OFFICIAL	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.
19. DOD COMPONENT OF 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 Form 67, that is correct and complete, and that they recommend 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.
	<ul style="list-style-type: none"> <li>• 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 not requiring directive, indicate what directive will be created or change to prescribe the use of the form, and follow normal correspondence procedures to route the directive for approval [CCO 5210.4(series)]. 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.</li> <li>• <b>Forms not prescribed by a current directive are not authorized for use.</b></li> </ul> <p>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. Using the link ensures access to the correct version.</p>