

AD-687

United States Department of Agriculture
Forms Action Request and Notice

To: Departmental Forms Management Officer
USDA/OIRM-IMD
14th and Independence Avenue, S.W.
Room 404-W
Washington, D.C. 20250

1. From: Name:

Agency & Address:

Telephone Number (Area code):

2. Action Codes (Complete a separate form for each action)

- 1 - New Form
- 2 - New Form Replacing Obsolete Form _____ (enter obsolete form number)
- 3 - Revised Form, Destroy All Previous Editions
- 4 - Revised Form, Use Previous Edition Until Stock is Depleted _____ (enter previous edition date)
- 5 - Obsolete Form, Destroy, Use Replacement Only _____ (enter replacement form number)
- 6 - Obsolete Form, Destroy, No Replacement
- 7 - Obsolete Form, Use Existing Stock Until Depleted, Then Use Replacement _____ (enter replacement form number)
- 8 - Obsolete From, Use Existing Stock Until Depleted, No Replacement
- 9 - Reinstate From, Revised
- 10 - Reinstate From, No Revision
- 11 - Reprint (Fill in Boxes 3, 4, 5, 9, 18, and 28 with the expected delivery date)

3. Form No.	4. Current Edition Date	5. Current Title
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6. Purpose/Remarks	7. Stock Location
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8. Construction			9. Unit of Issue	
Book	Form letter	Poster w/o adhesive backing	Each	Box of
Book page	Folder	Poster w/self-adhesive backing	Pad of	Other (specify)
Book set	Label	Set of	Package of	
Card	Multiple page	Tab card	HD	
Continuous form paper	Noncarbon pad	Tag	10. User Agencies	
Cut sheet	Noncarbon set	Other (specify)		
Decalcomania	Padded set			
Envelope	Pamphlet			

11. Size	12. Paper Stock	13. Color: Paper: Ink:	14. Subject Code	15. Directive
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16. Est. Annual Usage	17. Quantity on Hand As Of:	18. Ordering Quantity	19. Minimum Stocking Quantity	20. Change Minimum To	21. Change Unit Of Issue To
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22. Agency Forms Management Officer Signature	23. Date	24. Telephone No.
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25. Departmental Forms Management Officer Signature	26. Date	27. Telephone No.
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28. Remarks

Return Camera Copy To The Sponsor in Block No. 1

29. CFDP Use Only:	AD-178 posted	Locator posted	Bins/rack changed	Other (specify)
30. Date Order	31. Actual Quantity Ordered		32. Order Source	

33. Supply Management Officer Signature	34. Date	35. Telephone No.
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INSTRUCTIONS

Agency and staff office Forms Management Officers complete all data through signature line, sign, and submit original and two copies to the Departmental Forms Management Officer (DFMO), Information Management Division, Office of Information Resources Management. Hold one copy. The DFMO reviews, signs, and submits original and one copy to the Consolidated Forms and Publications Distribution Center, Office of Operations. Hold one copy for history files.

Items not included in the following instructions are self explanatory.

1. **From:** Enter name, agency, and phone number for program person responsible for form on which action is being taken.
2. **Action Codes:** Complete a separate Forms Action Request and Notice for each action taken. Enter appropriate form number and edition date where action requires.
6. **Purpose/Remarks:** Give justification for creation of a new form, revision of an existing form, or discontinuing use of a form. Also include any other pertinent date not entered elsewhere.
7. **Stock Location:** For low usage forms, or forms, which for other reasons are not stocked at the CFPDC Warehouse, enter the complete mailing address for alternate stock location.
8. **Construction:** Enter the quantity for each construction where required.
9. **Unit of Issue:** For any unit except "EACH", enter the quantity per unit.
10. **User Agencies:** List all agencies and staff offices who will be using the form being acted on. If used by all, enter "ALL."
12. **Paper Stock:** Enter paper weight and type, if known.
13. **Color Ink:** Use of more than one color ink must be justified and approved by OPA.
14. **Subject Code:** Enter appropriate functional code which corresponds to the Departmental Directives Classification System, DR 0120-1.
15. **Directive:** Enter the reference number for the supporting document which prescribes or requires the use of the form being acted on.