

**REQUEST FOR CLEARANCE OR CANCELLATION OF A  
STANDARD OR OPTIONAL FORM**

**INSTRUCTIONS:**

For all actions to Standard and Optional forms, complete and submit a separate set of clearance documents for each form (i.e., if one form is being cancelled and replaced with another form, submit two sets of documents; one set to cancel the old form and another set to establish the new form). Then forward along with the items listed below to:

General Services Administration (Forms-XR)  
1800 F Street, NW  
Washington, DC20405

1. Supporting statement describing the situation or problem which makes the initiation, revision, or cancellation of this form necessary and desirable.
2. Copy of form for all requests except cancellations. This copy should be both electronic and paper unless composition is being requested.

3. List of potential user agencies and the projected annual usage.
4. Proposed implementing or cancelling regulation/directive (for standard forms) or status announcement (for optional forms).
5. Printing specifications on Standard Form 1, or Standard Form 1C as appropriate.
6. Any other appropriate documentation.

If form will be used for public reporting (5 CFR 1320), include a copy of OMB Form 83, supporting documentation, and OMB clearance report. If form is an interagency report, include a copy of the approved Standard Form 360 and one set of supporting documents.

1. REQUESTING DEPARTMENT OR AGENCY		2. REQUESTING BUREAU OR OFFICE		3. DATE REQUEST INITIATED	
4. TYPE OF ACTION <i>(Check as applicable)</i>				5. TYPE OF FORM <i>(Check one)</i>  <input type="checkbox"/> STANDARD (SF) <input type="checkbox"/> OPTIONAL (OF)	
<input type="checkbox"/> NEW		<input type="checkbox"/> OTHER <i>(Specify below)</i>			
<input type="checkbox"/> REVISION		<input type="checkbox"/> CANCELLATION			
6. PROPOSED FORM TITLE  <input type="checkbox"/> TITLE REVISED <i>(Check if applicable)</i>		7. PRESENT EDITION DATE	8. PROPOSED EDITION DATE	9. PRESENT SF OR OF NUMBER	
10a. PROMULGATING REGULATION OR DIRECTIVE <i>(Required for Standard Forms Only)</i>		10b. DATE OF REGULATION	11. OTHER CLEARANCES <i>(Check only if applicable)</i>		
			<input type="checkbox"/> OMB NUMBER	EXPIRATION DATE	
			<input type="checkbox"/> INTERAGENCY RPT. NO.	EXPIRATION DATE	
13. RELATED STANDARD OR OPTIONAL FORMS					
14. OFFICIAL SUBMITTING REQUEST			15. AGENCY STANDARD AND OPTIONAL FORMS LIAISON REPRESENTATIVE		
a. SIGNATURE			a. SIGNATURE		
b. NAME			b. NAME		
c. TITLE			c. TITLE		
d. TELEPHONE		e. DATE SIGNED		d. TELEPHONE	
AREA CODE	NUMBER			AREA CODE	NUMBER
<b>APPROVAL ACTION (GSA ONLY)</b>					
16a. SIGNATURE OF CLEARANCE OFFICIAL				16c. DATE SIGNED	
16b. NAME OF CLEARANCE OFFICIAL					
17. FORM NUMBER ASSIGNED			18. FORM DATE		

**STOCK EVALUATION (Complete for old stock of form revised on this request.)**

**EXISTING STOCK**

Obtain this information from GSA's Federal Supply Service (FSS). General Products Commodity Center, Forth Worth, TX and evaluate against importance of revision in blocks 25-28b. Note that units are EA (Each), HD (Hundred), BX (Box), and PG (Package)

19. QUANTITY (OF UNITS) ON HAND AND DUE IN	20. MONTHLY DEMANDS RATE	21. MONTHS OF STOCK (20/21)	22. COST PER UNIT	23. ESTIMATED VALUE OF STOCK (20 x 23)	24. DATE INFORMATION OBTAINED
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**STOCK DISPOSITION (Complete for revised or canceled forms.)**

25. FORM NUMBER	26. EDITION DATE	27. NATIONAL STOCK NUMBER OF FORM TO BE PHASED OUT OR MADE OBSOLETE	28. DISPOSITION ACTION	
			a. CODE*	b. SUCCEEDING YEARS

**\*DISPOSITION CODES**

- |  |   |   |
|--|---|---|
| 1 -- Discontinue form immediately and dispose of existing stock.           | 3 -- Continue to issue existing stocks, but do not reprint.             | 5 -- Order new edition immediately; dispose of existing forms upon receipt of revised item. |
| 2 -- Discontinue form on date indicated and dispose of stock at that time. | 4 -- Deplete existing forms before issuing revised or modified edition. | 6 -- Other (Explain in Item 41)   |

**PROCUREMENT AND STOCKING OF NEW OR REVISED FORM**

29. MANDATORY USE DATE	30. NATIONAL STOCK NUMBER (if assigned)	31. UNIT OF ISSUE	32. ESTIMATED GOVT-WIDE USAGE (No. forms)	
			a. FIRST YEAR	b. SUCCEEDING YEARS

33. USAGE TYPE (Check)	34. STOCKING INSTRUCTIONS (Check one)			
<input type="checkbox"/> CONSTANT	<input type="checkbox"/> STOCK IN GSA SUPPLY DISTRIBUTION FACILITIES	<input type="checkbox"/> NO COST DISTRIBUTION (Give address in item 41)	<input type="checkbox"/> LOCAL REPRODUCTION Full size illusion of form available: (Specify below)	
<input type="checkbox"/> VARIABLE (Specify in item 41)	<input type="checkbox"/> FOR SALE TO THE PUBLIC BY SUPERINTENDANT OF DOCUMENTS	<input type="checkbox"/> ACCOUNTABLE ITEM, RECORD ALL ISSUES OR SALES		
	<input type="checkbox"/> OTHER (Explain in item 41)			

**ATTACHMENT AND DESCRIPTION (Check as applicable)**

35. PRINTING SPECIFICATIONS:	36. ARTWORK AND GUIDES ATTACHED
<input type="checkbox"/> SF 1 (Pad or Cut Sheet) <input type="checkbox"/> OTHER (Specify below) <input type="checkbox"/> SF 1C (Unit Set) <input type="checkbox"/> GPO 1025a (Marginally Punched)	<input type="checkbox"/> PENCIL OR OTHER DRAFT <input type="checkbox"/> DUMMY <input type="checkbox"/> CAMERA COPY <input type="checkbox"/> SAMPLE <input type="checkbox"/> OTHER (Specify)

**PROOFS**

**SAMPLES (Enter this information on printing req. Lines b and c are Agency use.)**

37. NUMBER OF PROOFS (Check one)	38. NUMBER OF DAYS PROOFS WILL BE HELD	39. SEND SPECIFIED NUMBER OF PRINTED FORM SAMPLES TO:	
<input type="checkbox"/> NONE (Camera copy furnished)		a.	
<input type="checkbox"/> NUMBER (Specify):		b.	
		c.	

40. ADDITIONAL REMARKS