

**IDEA APPLICATION**

*(See instructions for completing AF Form 1000 and IDEA ineligibility criteria on AF Form 1000A)*

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. 501 and 10 U.S.C. 1124; E.O. 9397.

**PURPOSE:** To document ideas that may contribute improvements to Government operations.

**ROUTINE USES:** In the event the idea is adopted, the personal information provided by the submitter is used to process recognition (cash or honorary). SSN is used for positive identification.

**DISCLOSURE IS VOLUNTARY:** Failure of the individual to provide a SSN and address may result in lack of appropriate recognition for an adopted idea since the SSN is used to positively identify the submitter, and the mailing address may be used to forward awards.

<input type="checkbox"/> IDE	<input type="checkbox"/> SCIENTIFIC	<input type="checkbox"/> INVENTION	<input type="checkbox"/> PATENT
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**NOTE:** Update or Notify IDEA Analyst of Address

SUBJECT OF IDEA:	DATE RECEIVED (YYYYMMDD)	IDEA NO (To Be filled in by IDEA Analyst)
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WING (Include office symbol, location, DSN, FAX number and E-Mail address. To be filled in by IDEA analyst.)	SEPARATE DOCUMENT CONTROL NO. (If any)
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**1A. SUBMITTER PERSONAL INFORMATION (Primary Contact)**

NAME OF SUBMITTER (Enter Last, First, MI, Grade/Rank)	MIL	CIV	STATUS (Active or Retired)
SSN	LOCAL NATIONAL'S		E-MAIL/INTERNET
ORGANIZATIONAL (Including functional symbol)			OFFICE PHONE
			HOME OR MAILING (Include ZIP code)

**1B. CO-SUBMITTERS PERSONAL INFORMATION**

NAME OF SUBMITTER (Enter Last, First, MI, Grade/Rank)	MIL	CIV	STATUS (Active or Retired)
SSN	LOCAL NATIONAL'S		E-MAIL/INTERNET
ORGANIZATIONAL (Including functional symbol)			OFFICE PHONE
			HOME OR MAILING (Include ZIP code)

NAME OF SUBMITTER (Enter Last, First, MI, Grade/Rank)	MIL	CIV	STATUS (Active or Retired)
SSN	LOCAL NATIONAL'S		E-MAIL/INTERNET
ORGANIZATIONAL (Including functional symbol)			OFFICE PHONE
			HOME OR MAILING (Include ZIP code)

I HEREBY AGREE THAT UPON ACCEPTANCE OF CASH OR HONORARY AWARD, THE USE OF THIS IDEA BY THE UNITED STATES SHALL NOT FORM A BASIS OF A FURTHER CLAIM OF ANY NATURE UPON THE UNITED STATES BY ME, MY HEIRS, OR ASSIGNS. I UNDERSTAND THAT THIS IDEA MAY BE GRANTED AN AWARD ONLY IF APPROVED BY THE GOVERNMENT.

I DECLINE CASH AWARD.	DATE (YYYYMMDD)	SIGNATURE OF SUBMITTERS
YES	NO	
YES	NO	
YES	NO	

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

**2. IDEA**

A. SUBJECT OF IDEA:		B. IDEA NO (To Be filled in by IDEA Analyst)	
C. PRIMARY (Name and DSN)		D. ARE THERE	
		YE	NO
E. AFTER-THE-FACT	NO	YES. (If YES, explain in text of idea, para. 2G. Provide information such as person contacted, date contacted, results of contact, etc.)	
F. PRESENT METHOD (Describe completely. Use continuation sheet, if needed. Identify block(s) being continued.)			
G. PROPOSED METHOD (Describe completely. Use continuation sheet, if needed. Identify block(s) being continued.)			
H. DESCRIBE EXPECTED BENEFITS(Describe completely. Use continuation sheet, if needed. Identify block(s) being continued.)			

