



<b>REQUEST FOR STATUS OF FORM</b> For use of this form see, NGBM 25-4/4-91, the proponent agency is NGB-SDP		SUSPENSE DATE: (YYYYMMDD)	
<b>INSTRUCTIONS</b>			
1. Verify information in Part I 2. Complete Part II and Part III 3. Return to Forms Management by suspense date			
TO:		FROM:	
		DATE: (YYYYMMDD)	
FORMS		TELEPHONE NO. (Include area code and DSN)	
		COMM	
		DSN	
FAX NO. (Include area code and DSN)		COMM	
		DSN	
<b>PART I - FORM INFORMATION</b>			
FORM NO.		FORM DATE:	
		FORM LETTER NO.:	
		FORM LETTER DATE:	
PRESCRIBING DIRECTIVE:			
<b>PART II - FORM STATUS</b>			
Form will be: (Check one of the following)			
<input type="checkbox"/> UNDER REVISION		ESTIMATED DATE TO BE (YYYYMMDD)	
		ARE REPRINTS AUTHORIZED	
		<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/> SUPERSEDED		FORM NO.	
		FORM DATE	
<input type="checkbox"/> OBSOLETE			
<input type="checkbox"/> NO CHANGES ANTICIPATED AT THIS TIME			
REMARKS			
<b>PART III - OPR INFORMATION</b>			
OFFICE SYMBOL		TELEPHONE NO. (Include area code and DSN)	
		COMM	
		DSN	
POINT OF CONTACT NAME		FAX NO. (Include area code and DSN)	
		COMM	
		DSN	
SIGNATURE		E-MAIL ADDRESS	
		DATE (YYYYMMDD)	