

REQUEST FOR STATUS OF FORM For use of this form see, NGBM 25-4/4-91, the proponent agency is NGB-SDP		SUSPENSE DATE: (YYYYMMDD)	
INSTRUCTIONS			
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	
PART I - FORM INFORMATION			
FORM NO.	FORM DATE:	FORM LETTER NO.:	FORM LETTER DATE:
PRESCRIBING DIRECTIVE:			
PART II - FORM STATUS			
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	SUPERSEDED	FORM NO.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			
PART III - OPR INFORMATION			
OFFICE SYMBOL	TELEPHONE NO. (Include area code and COMM DSN	FAX NO. (Include area code and DSN) COMM DSN	
POINT OF CONTACT NAME		E-MAIL ADDRESS	
SIGNATURE		DATE (YYYYMMDD)	