



DEPARTMENT OF THE NAVY

U.S. NAVAL SUPPORT ACTIVITY
PSC 817 BOX 1
FPO AE 09622-0001

NAVSUPPACTNAPLESINST 5213.5C
N12

27 JUN 2018

NAVSUPPACT NAPLES INSTRUCTION 5213.5C

From: Commanding Officer, U.S. Naval Support Activity, Naples, Italy

Subj: FORMS MANAGEMENT

Ref: (a) DoD 7750.07-M
(b) SECNAV M-5213.1

Encl: (1) DD Form 67, May 2016 - Form Processing Action Request

1. Purpose. To maintain a Forms Management Program within U.S. Naval Support Activity (NAVSUPPACT), Naples, Italy per references (a) and (b).
2. Cancellation. NAVSUPPACTNAPLESINST 5213.5B
3. Information. Reference (a) and (b) provide general policy on forms management and specific procedures for forms management and techniques for the analysis and design of forms.
4. Responsibility. By separate correspondence, the Support Service Supervisor, Administration Department, has been designated as the Forms Manager. The duties and responsibilities of the Forms Manager are set forth in references (a) and (b).
5. Action
 - a. The Forms Manager will:
 - (1) Take necessary actions to ensure an effective Forms Management Program is established and operates as set forth in reference (a).
 - (2) Act as the central coordinating point for form management and form design functions.
 - (3) Maintain an automated log of all forms numbers assigned. To see all NAVSUPPACT Naples Forms, link to:
https://cnic.navy.mil/regions/cnreufswa/installations/nsa_naples/about/departments/administration_n1/administrative_services/forms.html
 - (4) Assist in identifying Navy or standard forms which perform desired functions, without the development of a specialized local form.
 - b. NAVSUPPACT Naples Department Heads and Special Assistants will:

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(1) Ensure form is needed, information requested is essential, and does not duplicate any existing form.

(2) Submit their requirements for new or revised locally originated forms to the Forms Manager using enclosure (1) and attaching a draft of the required form for approval prior to implementation.

(3) Be responsible for reproduction and stocking of all approved local forms used by their department.

6. Forms. Enclosure (1) may be obtained by accessing the NAVSUPPACT Naples Admin web site at: <http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd0067.pdf>

7. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.

8. Review and Effective Date. Per OPNAVINST 5215.17A, NAVSUPPACT Naples will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will automatically expire 5 years after effective date unless reissued or canceled prior to the 5-year anniversary date, or an extension has been granted.



T. A. ABRAHAMSON

Releasability and distribution:

NA VSUPPACTNAPLESINST 5216.4BB

Lists: I through II

Electronic via NAVSUPPACT Naples website:

https://www.cnic.navy.mil/regions/cnreurfswa/installations/nsa_naples/about/departments/administration_n1/administrative_services/instructions.html

FORM PROCESSING ACTION REQUEST <i>(Read Instructions on back and in DoD 7750.07-M before completing this form.)</i>				1. DATE OF REQUEST (YYYYMMDD)	
2. FROM (DoD Component OPR Organization)		3. THRU (DoD Component FMO Organization)		4. TO (Organization)	
Email:		Email:		Email:	
5. FORM DESIGNATION AND NUMBER		6. EDITION DATE (Enter only if cancelling a form)	7. FORM TITLE		
8. ACTION TYPE (Select one)	9. FORM TYPE (Select one)	10. SUBJECT GROUP (Leave blank if a new form)		11. PRESCRIBING ISSUANCE(S)	
12. FORM DISPOSITION (List all forms to be replaced by proposed form)			13. PROPOSED FORM DESIGN CONSIDERATIONS		
a. FORM NUMBER (Enter "N/A" if none)	b. EDITION DATE	c. DISPOSITION	a. DESIGN TYPE	b. SUGGESTED SIZE	c. PRINTING SPECIFICATIONS
			d. CLASSIFIED	o. CONTROLLED FORM	f. DIGITAL SIGNATURE FIELD
			g. AVAILABILITY (Select one)		
			h. SOCIAL SECURITY NUMBER COLLECTED (Select one if YES, attach justification)		
14. PURPOSE AND DESCRIPTION OF USE (Attach continuation page if necessary.)					
15. EXTERNAL COORDINATION AND CONCURRENCE (Not required for SD, DoD Component, or Command forms. Attach continuation page if necessary.)					
a. DOD COMPONENT	b. COORDINATOR NAME	OFFICE SYMBOL	TELEPHONE NO. (Include area code/DSN)	EMAIL ADDRESS	INITIALS
16. INTERNAL COORDINATION AND CONCURRENCE					
	(1) APPLICABLE? (Yes/No)	(2) REMARKS (Enter applicable remarks related to coordination, and attach appropriate documentation)	(3) COORDINATOR NAME	EMAIL ADDRESS	TELEPHONE NO. (incl. area code/DSN)
a. PRIVACY ACT					
b. POSTAL					
c. DATA ELEMENTS					
d. RECORDS MGMT					
e. OTHER					
f. COLLECTIONS					
RCS					
OMB					
CERTIFICATION OF DOD COMPONENT OPR AND/OR ACTION OFFICER, APPROVING OFFICIAL, AND FMO I hereby certify that all of the above coordinations have been completed as indicated.					
17. DOD COMPONENT OPR AND/OR ACTION OFFICER					
a. TYPED NAME AND TITLE		b. TELEPHONE NUMBER (Include area code/DSN)	c. SIGNATURE		
18. DOD COMPONENT APPROVING OFFICIAL			19. DOD COMPONENT OR COMMAND FORMS MANAGEMENT OFFICER		
a. EMAIL ADDRESS			a. EMAIL ADDRESS		
b. DATE SIGNED (YYYYMMDD)	c. TYPED NAME, TITLE, AND SIGNATURE		b. DATE SIGNED (YYYYMMDD)	c. TYPED NAME, TITLE, AND SIGNATURE	
20. APPROVING FORMS MANAGEMENT OFFICER					
a. TYPED NAME AND TITLE		b. DATE SIGNED (YYYYMMDD)	c. SIGNATURE		