RESET

EMAIL TO:

REQUEST FOR NEW OR REVISED FORM

OPNAV 5213/19 (REV. 7-81)
S/N-0107-LF-052-1397

1. DATE OF REQUEST	2. FORM No. *(If revision)*
3. DATE FORM REQUIRED	4. SSIC

Complete all applicable items. Facts not known at time of request should be submitted as soon as available.

5. REQUIRING DIRECTIVE *(Attach copy)*

6. TITLE OF FORM

7. SUPERSEDED FORMS

B. RCS NO.

9. RELATED FORMS

10. IS PRIVACY ACT STATEMENT REQUIRED ON FORM? ☐ YES ☐ NO

11. PURPOSE OF FORM

12. TYPE OF FORM

a. (Check all that apply)
☐ NEW ☐ REVISED ☐ PERMANENT ☐ ONE-TIME ☐ TEST ☐ PUBLIC USE

13. FORM USAGE

a. FREQUENCY OF USE
☐ DAILY
☐ WEEKLY
☐ MONTHLY
☐ QUARTERLY
☐ ANNUALLY
☐ SITUATIONAL

b. FORM COMPLETED BY
☐ SYSCOMS/BUREAUS AND OFFICES
☐ ASHORE
☐ AFLOAT

c. HOW WILL DATA BE FILLED IN?
☐ TYPEWRITER
☐ HAND
☐ _____

d. NO. OF COPIES PREPARED AT ONE WRITING

e. NUMBER OF USING ACTIVITIES

f. ANNUAL USAGE

g. IS FORM TO BE USED IN AN AUTOMATED SYSTEM? ☐ YES ☐ NO

h. MANHOURS REQUIRED TO COMPLETE 1 FORM

14. FORM SPECIFICATIONS

a. COLOR PAPER
☐ WHITE
☐ _____
(If multi-part, list by copy no. and color in "remarks")

b. COLOR INK
☐ BLACK
☐ _____
(Other than black must be justified in "remarks")

c. FORM HANDLING
☐ LIGHT
☐ MEDIUM
☐ HEAVY
☐ _____

d. S[Z E *(List width first)*
x

e. NO. OF PAGES

15. REMARKS

16. ORIGINATOR

a. NAME, RANK AND TITLE

b. OFFICE CODE

c. SIGNATURE

d. PHONE NUMBER

17. FORMS MANAGEMENT ACTION

a. ☐ APPROVED ☐ DISAPPROVED

b. SIGNATURE

c. DATE
14-Jul-2004