

<b>REQUEST FOR NEW OR REVISED FORM</b> OPNAV 5213/19 (REV. 7-81) S/N-0107-LF-052-1397		1. DATE OF REQUEST	2. FORM No. ( <i>If revision</i> )	
		3. DATE FORM REQUIRED	4. SSIC	
<i>Complete all applicable items. Facts not known at time of request should be submitted as soon as available.</i>		5. REQUIRING DIRECTIVE ( <i>Attach copy</i> )		
6. TITLE OF FORM		7. SUPERSEDED FORMS		
B. RCS NO.	9. RELATED FORMS	10. IS PRIVACY ACT STATEMENT REQUIRED ON FORM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. PURPOSE OF FORM				
12. TYPE OF FORM	<i>a. (Check all that apply)</i> <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> PERMANENT <input type="checkbox"/> ONE-TIME <input type="checkbox"/> TEST <input type="checkbox"/> PUBLIC USE			
13. FORM USAGE	<i>a. FREQUENCY OF USE</i> <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SITUATIONAL	<i>b. FORM COMPLETED BY</i> <input type="checkbox"/> SYSCOMS/BUREAUS AND OFFICES <input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT	<i>c. HOW WILL DATA BE FILLED IN?</i> <input type="checkbox"/> TYPEWRITER <input type="checkbox"/> HAND <input type="checkbox"/> _____	<i>d. NO. OF COPIES PREPARED AT ONE WRITING</i> _____
				<i>e. NUMBER OF USING ACTIVITIES</i> _____
				<i>f. ANNUAL USAGE</i> _____
		<i>g. IS FORM TO BE USED IN AN AUTOMATED SYSTEM?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>h. MANHOURS REQUIRED TO COMPLETE 1 FORM</i> _____	
14. FORM SPECIFICATIONS	<i>a. COLOR PAPER</i> <input type="checkbox"/> WHITE <input type="checkbox"/> _____ <i>(If multi-part, list by copy no. and color in "remarks")</i>	<i>b. COLOR INK</i> <input type="checkbox"/> BLACK <input type="checkbox"/> _____ <i>(Other than black must be justified in "remarks")</i>	<i>c. FORM HANDLING</i> <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> _____	<i>d. S[ Z E (List width first)</i>  x
				<i>e. NO. OF PAGES</i> _____
15. REMARKS				
16. ORIGINATOR	a. NAME, RANK AND TITLE		b. OFFICE CODE	
	c. SIGNATURE		d. PHONE NUMBER	
17. FORMS MANAGEMENT ACTION	<i>a.</i> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	b. SIGNATURE		c. DATE