

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) 1141/1			
		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 (Attach copy)				
6. TITLE OF FORM OFFICER/ENLISTED RECALL INFORMATION CARD		7. SUPERSEDED FORMS				
B. RCS NO.	9. RELATED FORMS	10. IS PRIVACY ACT STATEMENT REQUIRED ON FORM?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
11. PURPOSE OF FORM RECALL FOR ALL MILITARY PERSONNEL						
12. TYPE OF FORM	a. (Check all that apply) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> PERMANENT <input type="checkbox"/> ONE-TIME <input type="checkbox"/> TEST <input type="checkbox"/> PUBLIC USE					
13. FORM USAGE	a. FREQUENCY OF USE <input checked="" type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SITUATIONAL		b. FORM COMPLETED BY <input type="checkbox"/> SYSCOMS/BUREAUS AND OFFICES <input checked="" type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT		c. HOW WILL DATA BE FILLED IN? <input type="checkbox"/> TYPEWRITER <input type="checkbox"/> HAND <input type="checkbox"/> _____	
					d. NO. OF COPIES PREPARED AT ONE WRITING 200	
					e. NUMBER OF USING ACTIVITIES 1	
					f. ANNUAL USAGE 200	
		g. IS FORM TO BE USED IN AN AUTOMATED SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO		h. MANHOURS REQUIRED TO COMPLETE 1 FORM .05		
14. FORM SPECIFICATIONS	a. COLOR PAPER <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> _____ <i>(If multi-part, list by copy no. and color in "remarks")</i>		b. COLOR INK <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> _____ <i>(Other than black must be justified in "remarks")</i>		c. FORM HANDLING <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> _____	
					d. SIZE (List width first) 8 x 5	
				e. NO. OF PAGES 1		
15. REMARKS INDEX CARD PAPER						
16. ORIGINATOR	a. NAME, RANK AND TITLE YNC Janet Griffin			b. OFFICE CODE 00424		
	c. SIGNATURE			d. PHONE NUMBER 2-4915		
17. FORMS MANAGEMENT ACTION	a. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		b. SIGNATURE		c. DATE	