



UNITED STATES MARINE CORPS
MARINE CORPS AIR STATION NEW RIVER
PSC BOX 21001
JACKSONVILLE, NC 28545-1001

ASO 5213.1C
ADJ
SEP 05 2019

AIR STATION ORDER 5213.1C

From: Commanding Officer, Marine Corps Air Station New River
To: Distribution List

Subj: MARINE CORPS AIR STATION NEW RIVER FORMS MANAGEMENT
PROGRAM

Ref: (a) SECNAV M-5213.1
(b) SECNAV M-5214.1
(c) SECNAVINST 5210.16
(d) SECNAV M-5210.1 Ch 1
(e) MCO 5600.31B
(f) MARADMIN 062-05 of 14 Feb 05
(g) DoDI 1000.30
(h) MCIEAST-MCB CAMLEJO 5213.1

Encl: (1) DD Form 67: Form Processing Action Request
(2) SECNAV 5213/1 Social Security Number Reduction Review

Reports Required: I. Unit Inspection Reports (Report Control
Symbol: EXEMPT Unit Inspections)
II. Annual Inspection Reports (Report
Symbol: EXEMPT Annual Inspection)
III. Commanding General's Evaluation Report
(Report Control Symbol: MCIEAST-5040.6-
01)

1. Situation. This Order implements policy and provides guidance for managing forms at Marine Corps Air Station (MCAS) New River. The Forms Management Program ensures forms provide needed information effectively, efficiently, and economically. Information is vital to the success of any organization and provides the basis for management decisions. Specific types of data are needed to meet particular requirements and forms are a major means for providing a fast and easy method of collecting information. As information requirements change, an effective Forms Management Program provides for improved forms and control of the proliferation of authorized forms.

DISTRIBUTION STATEMENT A: Approved for public release;
distribution is unlimited.

2. Cancellation. ASO 5213.1B Ch 1.

3. Mission

a. All forms locally generated by a section/department at MCAS New River must be submitted to the MCAS New River Adjutant (Attn: MCAS New River Forms Management Officer (FMO)) for approval. However, prior to submitting the form, the section requesting the new form will ensure there are no existing similar forms used by higher headquarters; such as Department of Defense Forms, Navy Manpower Analysis Center Forms, Navy Forms, Department Authorization Forms, Standard Forms, or Optional Forms. These forms will be used to prevent and eliminate unnecessary and duplicate forms.

b. Summary of Revision. This Order has been revised and should be thoroughly reviewed.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. Per the references, MCAS New River and subordinate commands will establish a Forms Management Program.

(2) Concept of Operations. The Forms Management Program shall reduce administrative burden and promote and improve paperwork efficiency.

b. Subordinate Element Missions

(1) MCAS New River Adjutant: Assigned in writing as the FMO, per references (a) and (h), for MCAS New River and is tasked specifically to:

(a) Maintain oversight of all locally generated forms.

(b) Assign a Forms Manager to manage the MCAS New River Forms Management Program.

(2) MCAS New River Forms Manager:

(a) Provide updated information/guidance to all departments within MCAS New River.

(b) Review and verify all requests for new and revised forms ensuring they are not duplicates of senior forms.

(c) Use Adobe Design tool to create an electronically fillable form using the design standards outlined in reference (a).

(d) Complete a review of each completed form and determine if the information requested is necessary, how the information will be used, can the information be obtained from another source, and is the request for information clearly stated.

(e) Ensure all forms are in a form-type format and not in a letter format.

(f) Ensure all forms are reviewed annually.

(g) Control local command forms using a command unique identifier and locking the form.

(h) Ensure all forms undergo a documented annual review.

(i) Place all authorized forms in the Electronic Forms System.

(j) Publish an annual MCAS New River Bulletin, which contains a list of all current MCAS New River forms.

(k) Maintain a file of all current, cancelled, and approved forms and retain historical files until five years after cancellation, per reference (d).

(l) Authorize all forms prior to printing by the Defense Logistics Agency Strategic Data Service, per reference (e). All forms must be current in the local Forms Management Program prior to printing, per reference (e).

(m) Request permissions for an account from Headquarters Marine Corps Administration and Resource Management Division. All forms, regardless of format, are to be uploaded to the Naval Forms Online website at <https://forms.documentservices.dla.mil/>

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(n) Ensure all forms are reviewed by the Privacy Act Officer, Reports Management Officer, and the Records Management Officer, utilizing enclosure (1). Only complete the required Social Security Number (SSN) Justification Memorandum, utilizing enclosure (2), when a form is requesting to collect a SSN, regardless of format, per reference (f). Review and approve requests and submit to higher headquarters.

5. Administration and Logistics. Requirements to make a new form or to revise a form:

a. Submit a complete original and one copy of Form DD67 for each form.

b. All forms that are requested to be printed by the Defense Logistics Agency Strategic Data Service will be approved by the MCAS New River FMO before printing will be completed. Submit a cover letter indicating how many form copies will be required.

6. Command and Signal

a. Command. This Order is applicable to MCAS New River.

b. Signal. This Order is effective the date signed.


C. V. EBITZ

DISTRIBUTION: A

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FORM PROCESSING ACTION REQUEST (Read Instructions on back and in DoD 7750 07-M before completing this form.)						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	
						e. 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) APPLI- CABLE? (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)
							INITIALS
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	

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INSTRUCTIONS FOR COMPLETING DD FORM 67

1. **DATE OF REQUEST.** As stated.
2. **FROM.** Enter the DoD Component Office of Primary Responsibility (OPR) Organization.
3. **THRU.** Enter the DoD Component Forms Management Officer's Organization.
4. **TO.** As stated
5. **FORM DESIGNATION AND NUMBER.** Enter form number if it is known, including temporary form numbers, e.g. DD Form 67 or DD Form X123.
6. **EDITION DATE.** As stated.
7. **FORM TITLE.** Enter the title of the form exactly as it appears on the form. Do not use acronyms in the title. Do not use the word "form."
8. **ACTION TYPE.** Select one:
 "New" - Proposed new form.
 "Revised" - Existing form being revised.
 "Cancellation" - Existing form being canceled.
 "Other" - If "Other," indicate whether the request is for a "Test," "Reinstatement," etc. Specify in item 14.
9. **FORM TYPE.** Select one:
 "Prescribed" - form is prescribed for mandatory use by all DoD Components to whom the form applies in a DoD issuance.
 "Adopted" - form's use is optional by two or more DoD Components and is prescribed in a DoD Component issuance.
10. **SUBJECT GROUP.** Leave blank if new form.
 Revised or proposed canceled form, enter subject group listed on the existing DD Form 67. The subject groups (major and subgroup) can be found on the DoD Issuance Web site, <http://www.dtic.mil/whs/directives/index.html>.
11. **PRESCRIBING ISSUANCE(S).** Enter the document that prescribes the use of the form. The form should be called out in the issuance. If the form is adopted for use, enter the document number of each using Component.
12. **FORM DISPOSITION.** Enter the form number and edition date of form(s) being replaced. Determine if the form(s) being replaced are used or obsolete. If "Use," indicate in item 14 how long used. If not applicable, enter "N/A" in 12.a.
13. **PROPOSED FORM DESIGN CONSIDERATIONS.**
 - a. **Design Type.** Select how the form should be designed for use:
 "Print and Fill" - To be printed and filled in by hand and mailed for submission.
 "Fill and Print" - To be filled in on-line and printed for submission.
 "Fill and Submit" - To be filled in and submitted on-line, perhaps by e-mail.
 "Fill, Submit, and Process" - Part of a system or workflow.
 "Physical Product" - Hardcopy output possibly by commercial printer for stocking, e.g. tags, labels.
 "Non-Form Item" - An item that may bear a form number.
 - b. **Suggested Size.** Enter the suggested size for the form.
 - c. **Printing Specifications.** Enter "Yes" if the form will be designed for commercial printing and attach the printing specifications.
 - d. **Classified.** Select the appropriate drop-down choice.
 - e. **Controlled.** Select the appropriate drop-down choice.
 - f. **Digital Signature Field.** If Yes is selected, the signature fields will be enabled as digital signature fields.
13. **PROPOSED FORM DESIGN CONSIDERATIONS (Continued).**
 - g. **Availability.** Select the availability of the form to users:
 - Electronic Form - DoD Forms Management Program web site
 - Electronic Form - Component Forms Program web Site
 - Electronic Form - Distributed by OPR, no web.
 - Electronic Form - Distributed by FMOs for release, no web.
 - Electronic Form - Other, state in item 14.
 - Physical Product - Stocked by using DoD Components.
 - Physical Product - Stocked and issued by OPR.
 - Physical Product - Stocked by other, state in item 14.
 - Controlled Form - Availability stated in item 14.
 - h. **Social Security Number Collected.**
 Mark "No" or "Yes." If "Yes," attach justification and select one of the following from the drop-down list:
 - No SSN Collected
 - Full SSN
 - Masked or Truncated
 - Partially Masked or Truncated
 - Encrypted or Disguised.
14. **PURPOSE AND DESCRIPTION OF USE.** State purpose and description of use. If canceled, state reason for cancellation. Other remarks may be entered here.
15. **EXTERNAL COORDINATION AND CONCURRENCE.** Obtain the coordination of each DoD Component expected to use the form or currently using the form.
16. **INTERNAL COORDINATION AND CONCURRENCE.** Component coordination of Component Program Manager for each program listed. Initials/coordination are signed with a digital signature using a DoD CAC.
 - a. **Privacy Act** - If form collects personal identifiable information (PII), Privacy POC coordination is required. List the Systems of Records Notice Number and attach a copy. Also attach a justification for collecting the SSN.
 - b. **Postal.** If form is used as a mailer or requires mail indicia, the DoD Component Postal Official coordination is required.
 - c. **Data Elements.** If form is to be designed with specific data field names, attach list.
 - d. **Records Management.** Coordinate with the Records Manager and enter the records disposition schedule under "Remarks".
 - e. **Other.** If form requires coordination from an office not listed, identify and coordinate here.
 - f. **Collections.** If form is used as an instrument to collect information from subordinate commands within DoD Component, other DoD Components, from other Federal agencies, or from public, coordinate with the DoD Component Information Management Control Officer (IMCO). Enter the Report Control Symbol (RCS) and/or Office of Management Budget (OMB) number in the Remarks column.
17. **DOD COMPONENT OPR AND/OR ACTION OFFICER.** Enter the appropriate information and signature for the action officer.
18. **DOD COMPONENT APPROVING OFFICIAL.** Enter the appropriate information and signature of the DoD Component Approving Official. This official must be at the Division Director level or above.
19. **DOD COMPONENT OR COMMAND FORMS MANAGEMENT OFFICER.** Enter appropriate information and signature of the DoD Component or Command FMO. The FMO signature certifies the DD Form 67 is correct and complete and recommends approval.
20. **APPROVING FORMS MANAGEMENT OFFICER.** Enter the appropriate information for the FMO responsible for approving the form request. Leave blank on DD and SD Forms.

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SSN REDUCTION REVIEW

DATE COMPLETED: _____

Submission for (Check one): ☒ FORM ☐ IT SYSTEM ☐ SHARE DRIVE / WEB PORTAL

Form Number: _____

Requiring Document: _____

Form Revision Date: _____

SECTION 1

TO BE COMPLETED BY FORM ORIGINATOR/SPONSOR. Forms that collect and retrieve by SSN/PII must be covered by a System of Record Notice (SORN), be call for within a requiring document, and have Privacy Act Officer approval for Privacy Act Statements. Return completed packages that contain the SSN Reduction Review Form, Justification, and if need the DD 67 to the cognizant forms manager.

1. Is the form covered by a System of Record Notice (SORN)? ☐ YES ☐ NO
 - a. If yes, what is the SORN number? _____
 - b. If no, contact the Privacy Act Officer for instructions.
2. Does the form contain a Privacy Act Statement (PAS)? ☐ YES ☐ NO
 - a. If yes, has the PAS been approved by a Privacy Act Officer? ☐ YES ☐ NO
 - b. If no, contact the Privacy Act Officer for instructions.
3. Is the SSN Field needed? ☐ YES ☐ NO
 - a. If no, complete DD67 to request revision of the form.
4. Could an alternative to the SSN be used? ☐ YES ☐ NO
 - a. If yes, complete DD67 to request revision of the form.
5. Is this form electronic? ☐ YES ☐ NO
 - a. If yes, is the SSN field masked or truncated? ☐ YES ☐ NO
 - b. If no, could it be? ☐ YES ☐ NO
6. Is this form part of an IT system? ☐ YES ☐ NO
 - a. If yes, what is the IT System name and DITPR DON ID? _____
 - b. If yes, does the IT System mask or truncate the display of the SSN on the form? ☐ YES ☐ NO
 - c. If no, Could it be? ☐ YES ☐ NO
7. Is Justification Memorandum for the Record attached? ☐ YES ☐ NO

CONTACT INFORMATION - IT System Owner or Form Originator/Sponsor

Name, Code, Mailing Address

Office Telephone Number: _____

E-mail Address _____

SECTION 2 TO BE COMPLETED BY PRIVACY ACT OFFICER

To verify information given in Section 1 is accurate, is in compliance with Privacy Act Regulations, and meets requirements of the SSN Reduction Plan.

1. Is Privacy Act Statement (PAS) correct? ☐ YES ☐ NO
2. If there is not a PAS, is one needed? ☐ YES ☐ NO
3. If a PAS needed, what is the correct PAS? (Originator/owner of form/IT system will work with the Privacy Act Officer to draft a PAS if needed) (Field will expand to fit typed data)) _____
4. Is the System of Records Notice (SORN) number cited in Section 1 correct? ☐ YES ☐ NO
5. Does a SORN need to be initiated? ☐ YES ☐ NO
(Determination of need for SORN will be worked between the originator/owner of form/IT system and Command Privacy Act Office)
6. Is use of SSN Justification Form complete and approved? ☐ YES ☐ NO

☐ APPROVED☐ DISAPPROVED

Privacy Act Officer Printed Name _____

Privacy Act Officer Signature _____

Date _____

SECTION 3 - COMMAND FORMS MANAGER

☐ APPROVED☐ DISAPPROVED

Forms Manager Printed Name _____

Forms Manager Approval Signature _____

Date: _____

ENCLOSURE

(2)

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NOTES:

- (1) For IT systems / applications, this completed SECNAV 5213/1 will be posted in the DOC tab of DITPR DON / DADMS respectively.
- (2) For forms, post the date this SECNAV 5213/1 is approved in Naval Forms Online <https://navalforms.documentservices.dla.mil/web/public/home> and maintain the SECNAV 5213/1 in the form's history/case file.
- (3) Approved share drive / web portal forms will be maintained locally by the share drive / web portal owner.

ENCLOSURE

(2)

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SSN USE REVIEW AND JUSTIFICATION FOR FORMS

Date

MEMORANDUM FOR THE RECORD

Subj: JUSTIFICATION FOR THE USE OF THE SOCIAL SECURITY NUMBER (SSN)

1. What is the purpose of this form?

2. Why is collection of the SSN necessary?

3. List the acceptable use criteria for the SSN (found at this link: <http://www.doncio.navy.mil/Content/View.aspx?ID=1833>)

4. If collection of the SSN is no longer necessary and a unique identifier can be substituted for the SSN or the SSN can be eliminated, on what date will either the substitution or elimination occur?

Commanding Officer_____
Command/Activity