

REQUEST FOR APPROVAL OF REPORTING REQUIREMENT

(Submit original DLA Forms 133, 133a, 133b, RCS report, and authorization document.)

1. TYPE OF REQUEST <input type="checkbox"/> NEW <input type="checkbox"/> EXTENSION <input type="checkbox"/> REVISION		2. DATE OF REQUEST	3. REQUESTED EXPIRATION DATE	4. REVISIONS AND EXTENSIONS a. CURRENT RCS b. CURRENT EXPIRATION DATE		
5. TITLE OF REPORT			6. ACTION OFFICER a. NAME b. OFFICE SYMBOL c. TELEPHONE NUMBER			
7. SCOPE/METHOD a. RESPONDENT ACTIVITIES		8. REPORTING DIRECTIVE a. CURRENT OR PROPOSED		9. SPECIAL GUIDANCE a. EMERGENCY STATUS PRECEDENCE CODES (ESPC)		
b. NUMBER OF RESPONDENTS		b. TO BE CANCELLED OR MODIFIED		b. ELECTRICAL TRANSMISSION DURING MINIMIZE <input type="checkbox"/> YES <input type="checkbox"/> NO		
c. METHOD OF SUBMISSION				c. WAIVER <input type="checkbox"/> YES, DLA FORM 133b ATTACHED <input type="checkbox"/> NO		
10. FREQUENCY <input type="checkbox"/> ONE TIME <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMIANNUALLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> OTHER (<i>Specify</i>) _____			11. SUMMARY OF REPORTING WORKLOAD AND COSTS			
			CATEGORY OF COST	DIRECT MANHOURS	COST (\$)	
			a. DEVELOPMENTAL ACTIVITIES			
			b. ANNUAL OPERATIONAL ACTIVITIES			
			c. ANNUAL USER ACTIVITIES			
12. DESCRIPTION OF REQUIRED DATA/INFORMATION						
13. JUSTIFICATION (<i>Attach additional sheets, as required</i>)						
14. COORDINATION						
OFFICE	SIGNATURE	EXTENSION	OFFICE	SIGNATURE	EXTENSION	
15. DIVISION OR OFFICE HEAD			16. STAFF DIRECTOR			
a. TYPED NAME			a. TYPED NAME			
b. TITLE			b. TITLE			
c. SIGNATURE		d. DATE	c. SIGNATURE		d. DATE	
FOR INFORMATION MANAGEMENT CONTROL OFFICE USE ONLY						
17. APPROVING OFFICIAL	a. SIGNATURE		b. DATE APPROVED	c. RCS ASSIGNED		