FORM PROCESSING ACTION REQUEST

(Read Instructions on back and in DoD 7750.07-M before completing this form.)

1. DATE OF REQUEST *(YYYYMMDD)*
20120306

2. FROM *(DoD Component OPR Organization and complete mailing address)*
Manpower, Personnel & Administration
ATTN: IPAC
BOX 63002
MCBH Kaneohe Bay, HI 96863-3002

3. THRU *(DoD Component FMO Organization and complete mailing address)*
N/A

4. TO *(Organization and complete mailing address)*
Forms Management Officer
ATTN: Base Adjutant
BOX 63002
MCBH Kaneohe Bay, HI 96863-3002

5. FORM DESIGNATION AND NUMBER *(Leave blank if a new form)*

6. EDITION DATE *(Enter only if cancelling a form)*

7. FORM TITLE
Active Duty Cohabitation Advance BAH SOU

8. ACTION TYPE *(Select one)*
New

9. FORM TYPE *(Select one)*
Prescribed

10. SUBJECT GROUP *(Leave blank if a new form)*

11. PRESCRIBING ISSUANCE(S)
MCBH IPAC 5000/41

12. FORM DISPOSITION *(List all forms to be replaced by proposed form)*

a. FORM NUMBER *(Enter "N/A" if none)*	b. EDITION DATE	c. DISPOSITION
N/A	N/A	

13. PROPOSED FORM DESIGN CONSIDERATIONS

a. DESIGN TYPE	b. SUGGESTED SIZE	c. PRINTING SPECIFICATIONS
Print and Fill	8.5x11	No

d. CLASSIFIED	e. CONTROLLED FORM	f. DIGITAL SIGNATURE FIELD
No	No	No

g. AVAILABILITY *(Select one)*
Physical Product - Stocked and issued by OPR

14. PURPOSE AND DESCRIPTION OF USE *(Attach continuation page if necessary.)*
Form is required to ensure that members understand that they cannot request advance BAH if active duty spouse had previously requested an Advance BAH for the same household.

15. INTERNAL COORDINATION AND CONCURRENCE

	(1) APPLICABLE? *(Yes/No)*	(2) REMARKS *(Enter applicable remarks related to coordination, and attach appropriate documentation.) (If space permits, enter coordinator email address here.)*	(3) COORDINATOR NAME	OFFICE SYMBOL	TELEPHONE NO. *(Incl. area code/DSN)*	INITIALS
a. PRIVACY ACT	Yes	NM05000-1	Ms. Amy Madsen	MP&A	808-257-8866	MADSEN.AMY.SUE.1076100256
b. POSTAL	No					
c. DATA ELEMENTS	No					
d. RECORDS MGMT	Yes	Destroy when work is complete or no longer needed	Ms. Amy Madsen	MP&A	808-257-8866	MADSEN.AMY.SUE.1076100256
e. OTHER	No					
f. REPORTS						
RCS	No					
OMB	No					

16. 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

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
CWO4 Darrin Duffy

b. TELEPHONE NUMBER *(Include area code/DSN)*
808-257-1471/457-1471

c. SIGNATURE
DUFFY.DARRIN.MARTIN.1076563809
Digitally signed by DUFFY.DARRIN.MARTIN.1076563809
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USMC, cn=DUFFY.DARRIN.MARTIN.1076563809
Date: 2012.03.12 14:48:28 -10'00'

18. DOD COMPONENT APPROVING OFFICIAL

a. DATE SIGNED *(YYYYMMDD)*

b. TYPED NAME, TITLE, AND SIGNATURE

19. DOD COMPONENT OR COMMAND FORMS MANAGEMENT OFFICER

a. DATE SIGNED *(YYYYMMDD)*

b. TYPED NAME, TITLE, AND SIGNATURE

20. APPROVING FORMS MANAGEMENT OFFICER

a. TYPED NAME
Ms. Amy Madsen

b. DATE SIGNED *(YYYYMMDD)*
20120307

c. SIGNATURE
MADSEN.AMY.SUE.1076100256
Digitally signed by MADSEN.AMY.SUE.1076100256
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USMC, cn=MADSEN.AMY.SUE.1076100256
Date: 2012.03.07 08:13:51 -10'00'

INSTRUCTIONS FOR COMPLETING DD FORM 67

1. DATE OF REQUEST. As stated.
2. FROM. As stated.
3. THRU. As stated.
4. TO. As stated
5. FORM DESIGNATION AND NUMBER. Leave blank if new form.Enter form number if form is revised or proposed canceled, e.g. DD Form 67.
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" - Indicate whether the request is for a "Test," "Reinstatement," etc. Enter 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 , the Issuance Process.
11. PRESCRIBING ISSUANCE(S). Enter the document that prescribes the use of the form. 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.
    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 - 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.
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. INTERNAL COORDINATION AND CONCURRENCE. Component coordination of Component Program Manager for each program listed. Initials/coordination can be signed with a digital signature using a DoD CAC with a DoD certificate for electronic submission or printed for handwritten initials.
    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 PII.
    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 here.
    f. Reports. 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 RCS and/or OMB number in the Remarks column.
16. EXTERNAL COORDINATION AND CONCURRENCE. Obtain the coordination of each DoD Component expected to use the form or currently using the form.
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.