FORMS REVIEW

DATE FORM COMPLETED: _____

When form is completed please send to DON Forms Manager at OPNAV.DONFORMS.DNS51@navy.mil

Form Number and Revision Date: _____

Requiring Directive: _____

(If more then one requiring directive list additional directives in remarks)

1. IS THE FORM STILL USED? ☐ YES ☐ NO

1A. CANCELLATION INFORMATION *(if form needs to be cancelled please fill in DD 67 Form Processing Action Request. DD 67 can be downloaded from http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm . Return both the OPNAV 5213/29 Forms Review and the DD 67 to the DON Forms Manager OPNAV.DONFORMS.DNS51@navy.mil .*

IF FORM IS CANCELLED WHAT IS THE CANCELLATION AUTHORITY:

IF FORM IS CANCELLED WHAT IS THE REASON FOR CANCELLATION:

(AFTER COMPLETING SECTION 1A (IF FORM IS CANCELLED) PROCEED SECTION 3 BELOW.)

1B. FORM INFORMATION: *(if form needs to be revised please fill in DD 67 Form Processing Action Request. DD 67 can be downloaded from http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm . Return both the OPNAV 5213/29 Forms Review and the DD 67 to the DON Forms Manager OPNAV.DONFORMS.DNS51@navy.mil .*

DO YOU CONTEMPLATE REVISING THIS FORM WITHIN THE NEXT YEAR?	☐ YES	☐ NO
DO YOU CONTEMPLATE CANCELLING THIS FORM WITHIN THE NEXT YEAR?	☐ YES	☐ NO
IS THIS FORM ELECTRONIC?	☐ YES	☐ NO
IF FORM IS NOT ELECTRONIC, COULD IT BE?	☐ YES	☐ NO
IF FORM IS NOT ELECTRONIC, IS IT STOCK AT DAPS?	☐ YES	☐ NO
IF PAPER FORM NOT STOCKED AT DAPS, WHERE IS FORM LOCATED?	_____	
IF PAPER FORM IS REVISED OR CANCELLED, SHOULD EXISTING STOCK BE USED UNTIL EXHAUSTED?	☐ YES	☐ NO
IS THIS FORM PART OF AN AUTOMATED SYSTEM?	☐ YES	☐ NO
IF YES, PLEASE NAME THE AUTOMATED SYSTEM FORM IS PART OF.	_____	
DOES THIS FORM CONTAIN A SOCIAL SECURITY FIELD?	☐ YES	☐ NO
DOES THIS FORM CONTAIN A PRIVACY ACT STATEMENT?	☐ YES	☐ NO

2. REMARKS *(IF ANY)*

3. FORM SPONSOR INFORMATION:

SPONSOR NAME, CODE, MAILING ADDRESS	SPONSOR'S PHONE NUMBER INCLUDING AREA CODE
	SPONSOR'S EMAIL ADDRESS