

REQUEST FOR ESTABLISHMENT OF A PUBLICATIONS ACCOUNT

For use of this form, see DA PAM 25-40, the proponent agency is OAASA.

1. ACCOUNT NUMBER	2. DATE	3. TYPE OF SUBMISSION a. <input type="checkbox"/> INITIAL b. <input type="checkbox"/> CHANGE c. <input type="checkbox"/> CLOSE
4. FROM (Include nine-digit ZIP Code)	5. THRU (Include nine-digit ZIP Code)	6. TO

SECTION I - GENERAL

7a. REQUEST AN ACCOUNT BE ESTABLISHED FOR THE FOLLOWING SERVICE:
 PUBLICATIONS BLANK FORMS TEST MATERIAL

7b. JUSTIFICATION FOR BLANK FORMS (Use a separate sheet of paper if more space is needed.)

8. UNIT DESCRIPTION DATA (FAILURE TO COMPLETE THIS BLOCK WILL RESULT IN YOUR REQUEST BEING RETURNED.)

a. Component (Contractors must complete Block 8e and/or 8f.)
 Active Army Army Reserve National Guard Air Force
 Marine Corps Navy DOD Activity Contractor Other

b. TOE Number or TDA Number(Army Only)	e. Commercial and Government Entity (CAGE) Code (Contractors)
c. Unit Identification Code (UIC) (Army Users)	f. Contract Number (if applicable)
d. Military Assistance Program Address Code (FMS Users)	g. DOD Activity Address Code (Non-Army Users) or Navy UIC

9. PUBLICATIONS OFFICER FOR THIS ORGANIZATION WILL BE:

a. Typed Name, Grade and Title	b. Signature	c. Telephone Number (DSN and Commercial)
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SECTION II - ACCOUNT CLASSIFICATION LEVEL

10. REQUEST THE FOLLOWING CLASSIFICATION LEVEL FOR THIS ACCOUNT:
 UNCLASSIFIED CONFIDENTIAL SECRET

11. THIS ORGANIZATION HAS ADEQUATE EQUIPMENT AND PROPERLY CLEARED PERSONNEL TO RECEIVE AND SAFEGUARD MATERIAL ACCORDING TO THE CLASSIFICATION REQUESTED FOR THIS ACCOUNT. IF CLASSIFIED SERVICE IS APPROVED, THE SECURITY OFFICER WILL BE:

a. Typed Name, Grade and Title	b. Signature	c. Telephone Number (DSN and Commercial)
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SECTION III - CHANGE OF ADDRESS

12a. OLD ADDRESS (Include 9-digit Zip Code)	b. NEW ADDRESS (Include 9-digit Zip Code)
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Effective Date:

SECTION IV - AUTHENTICATING OFFICIALS

13a. Typed Name, Grade and Title of Commander	b. Signature	c. Telephone Number (DSN and Commercial)
14a. Typed Name, Grade and Title of PCO/PSM	b. Signature	c. Telephone Number (DSN and Commercial)