

# FAA Form 1100-1, DIRECTORY - DISTRIBUTION CHANGE NOTICE

## PREPARATION INSTRUCTIONS

1. REMOVE this instruction sheet from the form set. Use the reverse side of it as your work or draft copy.
2. TYPE all requested data.
3. SUBMIT copies 1 through 4 of the set intact (including carbons) to the appropriate regional headquarters to which you report. Within Southern and Pacific-Asia which you report. The overseas area offices initial in item 18b and forward the set intact to the regional headquarters. Preparing office or facility will retain Facility Copy 5. After review the regional office will retain Region HQs Copy 4 and FAA Directory Copy 3. For Distribution Requirements or Airway Facilities Direct Distribution purposes, forward set consisting of copies 1 and 2 and a copy of the facility issuance proofcard to AMS-110.

### ITEM COMPLETION:

**GENERAL - Always** check type of action to be taken, i.e., DISCONTINUE, NEW, or CHANGE. If action is a request to discontinue distribution of issuances, fill in all items of Parts I and III. If action is a request for establishment of new copy requirements, fill in all items of Parts II and III. If action is a request to change an address or copy requirements, fill in all items of Parts I, III, and those items in Part II to be changed. Field offices, which are combining or changing type of facility, complete Parts I, II, and III.

1. Name of field office or facility (not initials) and routing symbol if one is assigned. Name of metropolitan area (City and State).
2. Name of facility chief or supervisor.
3. Physical location of field office (e.g., give name of airport if the field office is physically located at the airport, building name or number, room number, street address, town or city, State, and ZIP code). AT Liaison Officers, Representatives, or Advisors include identity of military or other agency organization with which associated.
4. Complete mailing address when different from item 3, i.e., post office box, street and number, city, State, and ZIP code. Department of State facilities are applicable to overseas offices. If mailing address is the same, mark box "Same as item 3:" and enter ZIP code.
5. Freight address when different from item 3, and show sea transport freight address, if different from bulk shipment address. If freight address is same as mailing address or physical location, mark the appropriate box "Same as item 3" or "Same as item 4." If inside delivery is necessary, indicate it and show room and/or floor number.
6. Commercial and FTS telephone numbers (access code, area code, number). If on-net or off-net, mark appropriate box.
7. Office or facility organization cost center code (Order 1370.4).
8. Applicable to Airway Facilities Direct Distribution. To be completed by AF sector field office units to report cost center code of AF sector field office to which it reports (Order 1720-30B).
9. GSA Address Code is applicable to Directory and Airway Facilities Direct Distribution.
10. Enter type of field office or facility acronym (e.g., GADO, ACDO, ARTCC, etc.).
11. Symbol of region, center, area, or office, if applicable, having authority over submitting office or facility. (Use "WA" if the field office reports directly to Washington Headquarters.)
12. Distribution code (e.g., A-FAT-4, A-FFS-3, A-FAF-4, etc.). All field office and facility codes are contained in Appendix 2 of Order 1720.18A.
13. Number of copies of FAA issuances required for each type of distribution; i.e., all supervisors, all employees, maximum, standard, and limited. A description of each type of distribution is in Appendix 2 of Order 1720.18A.
14. Attach label from last mailing received.
15. Special remarks which may be required. The block may be used for submitting changes in distribution requirements for special items such as AIM, FAR's, special "Z" list publications and for clarification of other items.
16. Name and title of the office or facility chief. Mark the appropriate box to indicate if the chief is also the Local Coordinator.
17. Date change is effective.
- 18a. Routing symbol of overseas area office, if appropriate.
- 18b. Overseas area office in the Southern and Pacific-Asia Regions (if appropriate), official initials change notices submitted through him before forwarding to the regional headquarters.
- 19a. Name, routing symbol, and signature of approving authority at the regional headquarters (this would be the Distribution Officer or alternate representative).
- 19b. Routing symbol of regional headquarters.
- 20, 21, and 22. Self-Explanatory.

**AVAILABILITY OF FORMS** - FAA Form 1100-1 (2-80), Directory - Distribution Change Notice, supersedes FAA Form 1100-1 (10-73), Directory/Distribution Change Notice FAA Form 1100-4, National Field Office Directory, and FAA Form 1720-15, AF Direct Distribution System which will no longer be used. Copies of the new FAA Form 1100-1 will be available on or about 30 April 1980. An initial distribution will be made to regions, centers, area offices, and all field offices and facilities. The form will be stocked in the FAA Depot and will be available through supply channels, NSN: 0052-00-609-5003, unit of issue: Set (6).

# DIRECTORY - DISTRIBUTION CHANGE NOTICE

A. Control number

B. Type of action - Mark "X" one box

**DISCONTINUE** - Complete  
Parts I and ///

**NEW** - Complete  
Parts II and ///

**CHANGE** - Complete Parts I, ///, and  
Items in Part // to be changed

### Part I - OLD ADDRESS OR REQUIREMENTS

### Part II - NEW ADDRESS OR REQUIREMENTS

<p><b>1. Name of office</b> <span style="float: right;">Routing symbol</span></p> <p>Metropolitan area - <i>City and State</i></p>	<p><b>1. Name of office</b> <span style="float: right;">Routing symbol</span></p> <p>Metropolitan area - <i>City and State</i></p>			
<b>2. Name of facility chief/supervisor</b>				
<b>3. Physical location - Airport/building, room number, street address, city, State, ZIP code</b>				
<b>4. Mailing address</b> <span style="float: right;"><input type="checkbox"/> Same as "3" — Enter ZIP code</span>				
<b>5. Freight address</b> <span style="float: right;"><input type="checkbox"/> Same as "3" <input type="checkbox"/> Same as "4"</span>				
<b>6. Telephone numbers - Include area and access codes</b>				
a. Commercial	b. FTS	<input type="checkbox"/> On-net	<input type="checkbox"/> Off-net	
<b>7. Cost center code</b>		<b>8. Parent sector field office cost center code (Sector field office units only)</b>		
<b>9. GSA address code</b>		<b>10. Field office</b>		
<b>11. Region</b>		<b>12. Distribution code</b>		
<b>13. Distribution - Enter number of copies required</b>				
a. Supervisors	b. All empl.	c. Maximum	d. Standard	e. Limited
<b>14. ATTACH OLD MAILING LABEL</b>		<b>15. Remarks</b>		

### Part III - ROUTING AND APPROVAL

<b>FROM</b>	<b>16. Facility chief /supervisor - Type name and sign</b>	Coordinator	<b>17. Effective date</b>	<b>THRU</b>	<b>18a. Routing symbol</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<b>18b. Area official's initials</b>
<b>TO</b>	<b>19a. Regional distribution officer - Type name and sign</b>		<b>19b. Routing symbol</b>	<b>20. Approval date</b>	
<b>21. Washington distribution control officer -Signature</b>				<b>22. Date reviewed</b>	