

 US Department of Transportation Federal Aviation Administration		<b>DIRECTIVES/REPORTS VALIDATION</b>		Suspense Date:	
To OPI: <b>AEA-62</b>		From: <b>AEA-61</b>		Date: <b>29 JUN 2005</b>	
Instructions: Please review Part 1 of this form. Your Directive/Report is due for validation and must be reviewed to determine if the established policy or procedures indicated are still current. After your review, please complete Part 2 and return this form to _____.					
<b>Part 1. — To be completed by the Paperwork Management Organization</b>					
<b>a. Directives Validation Information</b>					
Directive Number <b>EA 1770.28</b>		Title		Date issued	
Additional Information					
<b>b. Reports Validation Information</b>					
Report Number (RIS)		Title		Date issued	
Additional Information					
<b>Part 2. — (to be completed by the OPI)</b>					
The Directive/Report has been reviewed in depth. Action checked below is recommended or has been taken:					
<b>A. Directives Action:</b>			<b>B. Reports Action:</b>		
<input type="checkbox"/> Continue directive as written — continuing need is certified. Establish new validation date: _____			<input type="checkbox"/> Continue report as written — continuing need is certified. Establish new validation date: _____		
<input checked="" type="checkbox"/> Cancel directive. Related form(s) shall be cancelled, when applicable.			(Note: Reports that are established by a directive, will be validated at the same time the directive is validated.)		
<input type="checkbox"/> Directive is being revised. Target date for completion is _____ (Note: The directive should be revised within one (1) year).			<input type="checkbox"/> Cancel report. Related form(s) shall be cancelled, when applicable.		
<input type="checkbox"/> Report is being revised. Target date for completion is _____ (Note: The report should be revised within one (1) year).			<input type="checkbox"/> Report is being revised. Target date for completion is _____		
Remarks:			Remarks:		
Typed or printed name of OPI <b>LISA M TREVISANO</b>			Signature of OPI <i>Lisa M. Trevisano</i>		Date <b>7-20-05</b>
Do not write below this line. To be completed by the Directives/Reports Management Officer.					
Date Action Taken		Printed Name <b>MARY ANTNEY</b>		Signature	