

ORDER

DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION
WESTERN-PACIFIC REGION

WP 1330.9A

MASTER FILE

5/14/84

SUBJ: FORMS MANAGEMENT

1. PURPOSE. This order revises the regional forms management procedures. It restates the designation of the Manager, Management Programs Branch, AWP-63, as the Regional Forms Management Officer.
2. DISTRIBUTION. This directive is distributed to branch level and above in Regional Headquarters and to limited distribution to all field offices and facilities in the Western-Pacific Region.
3. CANCELLATION. WE 1330.9 dated 3/26/75 is cancelled.
4. PROCEDURES. To request approval for a new, revised or overprint form, FAA Form ~~1300~~-5, Forms and Reports Approval Request, is to be submitted to the Management Programs Branch, AWP-63, through the Division Forms Officer. AWP-63 is the Forms Officer for AWP-4, 7, and 9. A request for forms approval should include the following:
 - a. Original and two copies of FAA Form ¹³⁰⁰⁻⁵~~1300~~-5. It is essential that ALL applicable blocks on the form be completed. Guidelines for preparing this form are contained in Appendix 1.
 - b. The master and one copy of the new, revised or WP overprint form.
 - c. A copy of the directive portion or other instructions relating to the form, if applicable. (Detailed guidelines are contained in Appendix 1, Block 6.)
 - d. If the form is also a report, an additional copy of FAA Form 1300-5 is to be submitted to obtain reports approval.
5. RESPONSIBILITIES OF THE DIVISION FORMS OFFICER.
 - a. Assures the new or revised form is necessary, that an existing form cannot be used.
 - b. Determine the proposed form is sufficiently designed to meet the needs of the "preparers" and "receivers".
 - c. Assure the forms master has a clean, neat appearance and will reproduce clearly.

Distribution: A-X-3; A-FOF-0(LTD)

Initiated By: AWP-60

d. Submit FAA Form 1330-5 with all appropriate blocks completed and applicable items attached as prescribed in Appendix 1 and the sample, Figure 2.

e. Submit FAA Form 1330-4 (set), Stop Order, for the discontinuance of a cancelled form to the Forms Management Officer, AWP-63. Submit FAA Form 1330-4 to stop the normal stock replenishment if the form is in the process of being revised and has a high volume of usage (see sample Appendix 1, Figure 3).

f. Assures division forms are stocked and that AWP-52A is contacted when supply is low for replenishing division supply.

6. RESPONSIBILITIES OF THE MANAGEMENT SYSTEMS DIVISION.

a. Assign a regional sequential number upon approval by the Forms Management Officer.

b. Type the appropriate forms number and date on the forms master to be reproduced.

c. Forward the form master with WP Form 1720-4, Printing Request, to the Printing Specialist, Logistics Division, AWP-55B.

d. Retain the original of FAA Form 1330-5 and the copy of the approved form.

e. Forward one copy of the approved FAA Form 1330-5 to the appropriate Division Forms Officer and one copy to the Materiel Support Section, AWP-52A.

f. Review/approve FAA Form 1330-4, Stop Order, and forward one copy to AWP-52A and one copy to the Division Forms Officer.

g. Provide form controls and maintain case files of all Western-Pacific Region forms.

h. Audit the performance of delegated forms management responsibilities by regional elements.

i. Annually publishes the WP Forms Catalog.

7. RESPONSIBILITIES OF THE MATERIEL SUPPORT SECTION, AWP-52A:

a. Maintains the form masters and replenishes the normal forms supply for multi-user forms. Upon request from division forms officer, replenishes the supply of forms that division uses (sole-user).

b. Discontinues the usage of a form completely when FAA Form 1330-4, Stop Order, has been received from the originator through AWP-63.

c. Prohibits normal replenishment of the form pending further action when FAA Form 1330-4 has been received from the originator through AWP-63.


W. R. MOON

Manager, Management Systems Division

5/14/84

WP 1330.9A
Appendix 1

APPENDIX 1 - GUIDELINES FOR PREPARING FAA FORM ¹³⁰⁰⁻⁵~~1330-5~~
FORM AND REPORTS APPROVAL REQUEST.

Proper boxes describing the request should be checked. Office of Primary Interest (OPI) and responsible individual must be shown. Test form expiration date must be shown.

- A. Block 1 - If a form is also submitted as a report, a Reports Identification Symbol (RIS) must be assigned by the AWP-60 Reports Management Officer and shown in Block 1. An additional copy of FAA Form ~~1330-5~~ ¹³⁰⁰⁻⁵ is to be submitted to obtain reports approval.
- B. Block 2 - Each form must have a title which appears on the form.
- C. Block 3 - Form sequential number is assigned by AWP-63; basic number is chosen by the originator.
- D. Block 4 - Frequency refers to a report only (how often submitted).
- E. Block 5 - OPI is originating office.
- F. Block 6 - VERY IMPORTANT - Must either show the directive which requires the form with the appropriate portion of the directive attached; or, in instructions inserted on the back of the form for preparation; or, be so simple that instructions are not necessary and approved as such by word N/A Initialed by Forms Management Officer.
- G. Blocks 7 & 8 - Those who fill out the form and those who receive the filled out form.
- H. Block 9 - Leave blank.
- I. Block 10 - Leave blank.
- J. Block 11 - Describes forms or reports (if any) that are used in conjunction with this form.
- K. Block 12 - Reasons form is necessary.
- L. Block 13 - Complete for reports only.

- M. Block 14 - Should show signatures of officials responsible for or involved in the use of the form.
- N. Block 15 - Should show where the completed form is sent and why.
- O. Block 16 - If the form is identified in Order 1350.15A under an established disposition schedule, this reference [i.e., 1350.15A par. 1320 (1)] should be shown here.
- P. Block 17 - IMPORTANT - "Other" should be completed to show either AWP-52A holding all the stock or the office (OPI) holding all the stock.
- Q. Block 18 - Should show:
- 1) Where form will be used.
 - 2) Description of paper (kind, (i.e., NCR), color, size).
 - 3) Color of ink and method of printing.
 - 4) (a) How to issue (single sheets, pads, sets).
(b) How many to send initially to which using offices and to stock.
(c) How many are required monthly.
(d) Total issue units wanted.
- R. Block 19 - The appropriate Division Forms Officer must sign as approved before review and approval in AWP-60. (AWP-60 is Forms Officer for AWP-4, 7, and 9).
- S. Forms Management Officer/Designee will sign only after form and request are reviewed and found acceptable.

FIGURE 1. Sample Forms Request

FORM AND REPORT APPROVAL REQUEST		CHECK ALL APPLICABLE BOXES																																			
		New Form	Revised Form	New Report	Revised Report	Other Government Agency Report	FAA Required Report	FAA Issued Report																													
		Internal Use	Public Use	Continuous Use	Test Form	One-Time Use	Expiration Date if One-Time Use or Test Form																														
OFFICE OF PRIMARY INTEREST (Division Level or Equivalent)				NAME OF PERSON TO CONTACT		Routing Symbol		Telephone Number																													
1. REPORT IDENTIFICATION SYMBOL (A)		2. TITLE (B)																																			
3. FORM No., CHART, FORMAT, ETC. (C)		4. FREQUENCY (D)		5. OPI ROUTING SYMB. (Division Level or Equiv.) (E)		6. PRESCRIBING DIRECTIVES (F)																															
7. PREPARERS (Distribution Codes or Routing Symbols) (G)				8. RECEIVERS (Distribution Codes or Routing Symbols) (G)			9. MAN-HOURS (from 133) (H)	10. DOLLAR COST (from 133) (I)																													
11. RELATED REPORTS AND FORMS (List reports by RIS numbers, and forms by form numbers; if report is also a form, show both RIS number and form number)																																					
CONTINUING REPORTS		DISCONTINUED REPORTS		CONTINUING FORMS (J)			SUPERSEDED FORMS		Disposition Use Destroy																												
12. JUSTIFICATION (Detailed explanation of need and use of form or report. If necessary, continue on reverse side or attach additional sheets) (K)																																					
13. ESTIMATE OF ANNUAL WORKLOAD AND COST FOR ITEM REQUESTED (Show man-hour totals to nearest whole number, and dollar costs to nearest whole dollar)																																					
PREPARERS - Consider all actions necessary to prepare the form or report such as compiling data, typing, circulation, EAM, ADP, processing, reproduction, distribution, etc.					RECEIVERS - Consider all actions resulting from receipt of the form or report such as analysis, review, summarization, data transfer, etc.																																
<table border="1"> <thead> <tr> <th>Organizational Level or Persons by Type</th> <th>All A's (except EAM, ADP)</th> <th>EAM, ADP</th> <th>Man-Hours Each Time Prepared</th> <th>Number of Preparations (Dispositions, per Person)</th> <th>Number Times (Per Year)</th> <th>Total Man-Hours</th> </tr> </thead> <tbody> <tr> <td>(A)</td> <td>(B)</td> <td>(C)</td> <td>(D)</td> <td>(E)</td> <td>(F)</td> <td>(G)</td> </tr> </tbody> </table>					Organizational Level or Persons by Type	All A's (except EAM, ADP)	EAM, ADP	Man-Hours Each Time Prepared	Number of Preparations (Dispositions, per Person)	Number Times (Per Year)	Total Man-Hours	(A)	(B)	(C)	(D)	(E)	(F)	(G)	<table border="1"> <thead> <tr> <th>Using Offices at Each Organizational Level</th> <th>All Actions except EAM, ADP</th> <th>EAM, ADP Only</th> <th>Man-Hours Each Time Received</th> <th>Number of Receivers</th> <th>Number Times Per Year</th> <th>Total Man-Hours</th> </tr> </thead> <tbody> <tr> <td>(H)</td> <td>(I)</td> <td>(J)</td> <td>(K)</td> <td>(L)</td> <td>(M)</td> <td>(N)</td> </tr> </tbody> </table>					Using Offices at Each Organizational Level	All Actions except EAM, ADP	EAM, ADP Only	Man-Hours Each Time Received	Number of Receivers	Number Times Per Year	Total Man-Hours	(H)	(I)	(J)	(K)	(L)	(M)	(N)
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(H)	(I)	(J)	(K)	(L)	(M)	(N)																															
(Q) Annual Printing and Distribution Costs \$		(M) Total Preparers' Man-Hours			(R) Annual EAM/ADP Machine Costs \$		(P) Total Receivers' Man-Hours																														
(S) Total Costs (Q)+(R) \$		(T) Grand Total Man-Hours (M)+(N)+(P)																																			
14. CLEARANCES (M)			SIGNATURE		ROUTING SYMBOL		DATE		15. COPY DISTRIBUTION (N)																												
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16. RECORDS SCHEDULE ITEM THAT APPLIES TO REQUESTED FORM OR REPORT (If none, state "None") (O)				17. STOCKING POINT		FAA DEPOT - FSN Number		OTHER - Specify (P)																													
18. ADDITIONAL DATA FOR FORMS (AND REPORT FORMS) ONLY (Attach FAA Form 1330-6 for Initial Distribution *)																																					
A. FOR USE IN <input type="checkbox"/> Washington <input type="checkbox"/> Regional Off. <input type="checkbox"/> Centers <input type="checkbox"/> Field Facilities			B. PAPER Substance, Kind, Color (Q)		C. PRINT Color of Ink		D. ORDERING DATA Issue Unit (Sheet, set, etc.) Date forms wanted or Using Points		E. ADDITIONAL SPECIFICATIONS																												
19. APPROVALS																																					
Reports Approving Officer		Reports Management (Control) Officer			Forms Officer (R)		Forms Management Officer (S)																														
Date	Rtg. Symb.	Date	Rtg. Symb.	Date	Rtg. Symb.	Date	Rtg. Symb.	Date	Rtg. Symb.																												

FIGURE 3. Sample of Completed Stop Order

STOP ORDER				
SECTION I - RECOMMENDATIONS OF OFFICE OF PRIMARY INTEREST				
THRU: OPI FORMS OFFICER	AWP-50A	FROM: (Name of organization and routing symbol making recommendation)		FORM No. and EDITION DATE
TO: FORMS MANAGEMENT OFFICER	RTG. SYMBOL AWP-60A	Materiel Management Branch, AWP-52		WP Form 1720-4 (4-75)
It is recommended that normal replenishment of stocks of this form be stopped for reasons checked and explained below:				
<input checked="" type="checkbox"/> FORM IS OBSOLETE	REPLACED BY (FORM NUMBER AND DATE) WP Form 1720-4 (4-84)		<input type="checkbox"/> USE <input checked="" type="checkbox"/> DESTROY	
<input type="checkbox"/> FORM TO BE REVISED / CONSOLIDATED	LIST FORMS TO BE INCLUDED IN CONSOLIDATION		EST. DATE OF COMPLETION	
<input type="checkbox"/> SPECIFICATIONS MUST BE CHANGED	SPECIFY CONTEMPLATED CHANGES			
<input type="checkbox"/> USAGE HAS/WILL BE CHANGED	INDICATE PROBABLE EFFECT ON STOCK LEVEL			
OTHER (EXPLAIN)				
DATE	TITLE OF RECOMMENDING OFFICIAL	SIGNATURE OF RECOMMENDING OFFICIAL		
4/24/84	Jeddy C. Campbell, Manager Materiel Management Branch, AWP-52	<i>[Signature]</i>		
<input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> SEE REMARKS	DATE	SIGNATURE OF OPI FORMS OFFICER		
	4/24/84	Joan E. Sunshine <i>[Signature]</i>		
REMARKS				
SECTION II - MANAGEMENT ADVICE ON STOCK REPLENISHMENT				
TO: FORMS DISTRIBUTION POINT	RTG. SYMBOL -52A	FROM: FORMS MANAGEMENT OFFICER	RTG. SYMBOL -60A	
Stop normal replenishment of stocks of this form. Take following action:				
<input type="checkbox"/> DIVERT REPLENISHMENT ACTION FROM NORMAL CHANNELS. SEND REPLENISHMENT REQUESTS TO FORMS MANAGEMENT OFFICER		RTG. SYMBOL	<input checked="" type="checkbox"/> PREVENT REPLENISHMENT OF THIS FORM	
DETAILED MANAGEMENT ADVICE				
DATE STOP ORDER ISSUED	SIGNATURE OF FORMS MANAGEMENT OFFICER			
4/24/84	<i>[Signature]</i>			
COPY DISTRIBUTION (INSERT ROUTING SYMBOL UNDER DESIGNATIONS)				
Forms Management Officer	OPI Forms Officer	Recommending Official	Forms Distribution Point	Printing Organization
60A	-50B	-52	-52A	