DEPARTMENT OF THE NAVY
U.S. NAVAL SUPPORT ACTIVITY
PSC 817 BOX 1
FPO AE 09622-0001

NAVSUPPACT NAPLES INST 5213.5B
N12
24 MAY 2012

NAVSUPPACT NAPLES INSTRUCTION 5213.5B

From: Commanding Officer, U.S. Naval Support Activity, Naples, Italy

Subj: FORMS MANAGEMENT

Ref: (a) SECNAVINST 5210.16
(b) SECNAV M-5213.1

Encl: (1) OPNAV Form 5213/19 - Request for New or Revised Form

1. Purpose. To maintain a Forms Management Program within U.S. Naval Support Activity (NAVSUPPACT), Naples, Italy, per references (a) and (b).

2. Cancellation. NAVSUPPACT NAPLES INST 5213.5A.

3. Information. Reference (a) provides general policy on forms management. Reference (b) specifies procedures for forms management and techniques for the analysis and design of forms.

4. Responsibility. By separate correspondence, the Support Service Supervisor, Administration Department, has been designated as the Forms Manager. The duties and responsibilities of the Forms Manager are set forth in references (a) and (b).

5. Action

a. The Forms Manager will:

(1) Take necessary actions to ensure an effective Forms Management Program is established and operates as set forth in reference (a).

(2) Act as the central coordinating point for form management and form design functions.

(3) Maintain an automated log of all forms numbers assigned. To see all NAVSUPPACT Naples Forms, link to: https://www.cnic.navy.mil/Naples/About/Departments/Administration/AdministrativeServices/Forms/index.htm.

(4) Assist in identifying Navy or standard forms which perform desired functions, without the development of a specialized local form.

b. NAVSUPPACT Naples Department Heads and Special Assistants will:

(1) Submit their requirements for new or revised locally originated forms to the Forms Manager using enclosure (1) and attaching a draft of the required form for approval prior to implementation.

(2) Be responsible for reproduction and stocking of all approved local forms used by their department.

6. Forms. Enclosure (1) may be obtained by accessing the NAVSUPPACT Naples Admin web site at: https://www.cnic.navy.mil/navycni/groups/public/documents/document/cnicp_a289036.pdf.

C. S. GRAY

Distribution:
NAVSUPPACT NAPLES INST 5216.4Z
Lists: I and II

24 MAY 2012

REQUEST FOR NEW OR REVISED FORM	1. DATE OF REQUEST	2. FORM NO. (If revision)
	3. DATE OF FORM REQUIRED	4. SSIC

5. TITLE OF FORM	6. REQUIRING DIRECTIVE *(Attach copy)*
7. PURPOSE OF FORM	
8. REPORTS CONTROL SYMBOL, IF APPLICABLE	9. CANCELLED FORMS, IF ANY
10. NUMBER OF USING ACTIVITY	11. ANNUAL USAGE

12. UNITS OF ISSUE: *(Check all that apply)*

PACKAGE OF _____ PAD OF _____ BOX OF _____ EACH _____ OTHER _____

13. IS FORM TO BE USED IN AN AUTOMATED SYSTEM? YES ☐ NO ☐ IF YES PLEASE IDENTIFY SYSTEM IN REMARKS SECTION

14. IS A PRIVACY ACT STATEMENT REQUIRED ON FORM? YES ☐ NO ☐
(FORMS REQUESTING SOCIAL SECURITY NUMBERS MUST HAVE A PRIVACY ACT STATEMENT.)
IF YES, HAS THE COMMAND'S PRIVACY ACT MANAGER APPROVED THE PRIVACY ACT STATEMENT? YES ☐ NO ☐
IF NO, OBTAIN APPROVAL.

15. HAS THE FORMS BLOCK HEADING BEEN APPROVED BY THE COMMAND'S DATA ELEMENTS MANAGER? YES ☐ NO ☐
IF NO, OBTAIN APPROVAL

16. IF THE FORM CONTAINS A MAILING ADDRESS HAS THE ADDRESS BEEN APPROVED BY THE COMMANDS' MAIL MANAGER?
IF NO, OBTAIN APPROVAL ☐ YES ☐ NO ☐ N/A

17. REMARKS

18. ORIGINATOR	a. NAME, RANK AND TITLE OF ACTION OFFICER		b. OFFICE CODE
	c. SIGNATURE OF ACTION OFFICER		d. COMPLETE PHONE NUMBER
19. FORMS MANAGEMENT ACTION	a. ☐ APPROVED ☐ DISAPPROVED	b. SIGNATURE OF FORMS MANAGER	c. DATE

OPNAV 5213 19 (Rev. FEB 1993)