

**U.S. DEPARTMENT OF ENERGY
REQUEST FOR PUBLIC COMMUNICATIONS PUBLICATION APPROVAL**

Must be accompanied by HQ F 1420.7, "Request for Visual and Print Media Services",
and, if prepared by contractor, approved DOE F 1340.3A, "Public Communications Procurement Proposal"

1. Title of Publication		2. Document No. <i>(Supplied After Approval)</i>	
		3. Date of This Request	
4. Brief Description of Purpose and Contents			
5. Originating Office <i>(Address, Room, Building, and Routing Symbol)</i>		6. Person to Contact	
		7. Telephone Number <i>(Include Area Code)</i>	
8. Type of Publication <input type="checkbox"/> New publication <input type="checkbox"/> Major revision <input type="checkbox"/> Minor revision <input type="checkbox"/> Reprint (without changes)	9. New Publication Supersedes		10. Estimated Life of Publication
	11. Identify Titles of Similar Government Publication		12. Reprinting Anticipated <input type="checkbox"/> Yes <input type="checkbox"/> No
	13. Distribution of Old Inventory <input type="checkbox"/> Do not distribute <input type="checkbox"/> Continue to distribute		14. Number in Stock of Old Publication
15. Reviews Required and Obtained by Submitting Office <input type="checkbox"/> Program Technical Review <input type="checkbox"/> Policy and Evaluation <input type="checkbox"/> Office of General Counsel	16. Production Requirements <i>(Check applicable item(s))</i> <input type="checkbox"/> Multicolor <i>(Approval MUST be obtained from GPO Liaison Office)</i> <input type="checkbox"/> Free distribution <input type="checkbox"/> Sale by NTIS <input type="checkbox"/> Sale by Superintendent of Documents <i>(List under "Remarks" any publicity given to publication)</i>		17. Estimated Printing Costs <i>(Supplied by GPO Liaison Office)</i>
			18. Source of Funds
			19. Quantity to be Printed
		20. Trim Size	21. Date Required
22. Distribution Plan <i>(Use "Remarks" or attach separate sheet)</i>		23. Prepared By:	
a. TIC distribution <input type="checkbox"/> No <input type="checkbox"/> Yes UC _____ <input type="checkbox"/> Other _____	b. Secondary		<input type="checkbox"/> DOE Employees <input type="checkbox"/> Grantee* <input type="checkbox"/> Contractor* <input type="checkbox"/> Cooperative Agreement* * Provide PADS Number, Organization Name, and Address in "Remarks".
24. Remarks <i>(Use Additional Sheets if Necessary; Identify Number)</i>			

Additional sheet(s) attached.

25. Office of Division Director (type and sign)	26. Assistant Secretary/Equivalent or Designee (type and sign)
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27. Date Received **For CP USE ONLY**

<input type="checkbox"/> Approved for printing		<input type="checkbox"/> Not approved for printing	
28. Reviewer (type or print name)	Date	29. Signature of reviewer	Date

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