

Request for Review of Form(s)

1	TO:	FROM: PDM, Room 222, Arlington Square
<p>Each Originating Office is responsible for keeping its forms current and for promptly rescinding them when no longer needed. Please review the form shown below to ensure that it is essential; that it is current and accurate; and that it is consistent with existing laws, national policy and departmental and Service policy.</p>		
1. FORM NO.	2. DATE	3. TITLE
4. FORM IS AVAILABLE ON INTERNET Yes (If Yes, provide URL) No URL:		5. PRESCRIBING DIRECTIVE (<i>FWS Manual, DO, Memo, etc.</i>)
6. ADDITIONAL INSTRUCTIONS		
7. DATE REVIEW INITIATED	TYPED NAME AND TITLE OF OFFICIAL REQUESTING REVIEW	SIGNATURE

2	TO: PDM	FROM: (<i>Office symbol, name, and phone number</i>)	DATE:
STATUS OF FORM(S) (<i>Check applicable boxes</i>)			
	A. Form is current and essential. Date of latest version agrees with the date shown in item 2 above.		
	B. Form is essential, but has been revised. Show date at right and provide a copy of latest version of form.		Current Issue Date:
	C. Form requires revision. Show anticipated revision date at right. Complete FWS Form 3-2196 upon revision and provide Form 3-2196 and a copy of revised form to PDM		Anticipated Date of Revision
	D. Form is subject to OMB approval for information collection.		OMB Approval Number: Expiration Date:
	E. Form is unnecessary and can be rescinded.		
	F. Form should not be made available on Internet (Provide reason in Remarks)		
Remarks			
Typed Name and Title of Official Authorized to Approve Form		Signature	Telephone Number