

**RECOMMENDED CHANGES TO PUBLICATIONS AND BLANK FORMS**

For use of this form, see AR 25-30; the proponent agency is OAASA.

DATE

**INSTRUCTIONS FOR SUBMITTING THE DA FORM 2028**

After completing the [DA Form 2028](#) (Recommended Changes to Publications and Blank Forms), you may send it via Email directly to the proponent publication control officer (PCO) for publications or the Forms Management Officer (FMO) for forms, as appropriate. You may obtain proponent PCO/FMO Email addresses at [https://armypubs.us.army.mil/corporate/directory\\_1.html](https://armypubs.us.army.mil/corporate/directory_1.html) (CAC access only). As an alternative, you may mail the DA Form 2028 via the U.S. Postal Service to the proponent using the address found on the publication's title page, under the heading, "Suggested improvements."

**Part II** (page 2) is for changes to Repair Parts and Special Tool Lists (RPSTL) and Supply Catalogs/Supply Manuals (SC/SM).

**DETERMINING AND SELECTING THE PROPER PROPONENT**

You can identify the proper proponent for any publication or form by searching for the its title using DA Pam 25-30, which can be accessed at: [http://www.apd.army.mil/pamdocs/APD\\_Search.asp](http://www.apd.army.mil/pamdocs/APD_Search.asp)

**TO:** (Forward to proponent of publication or form) (Include ZIP Code)

**FROM:** (Activity and location) (Include ZIP Code)

**PART I - ALL PUBLICATIONS (EXCEPT RPSTL AND SC/SM) AND BLANK FORMS**

PUBLICATION/FORM NUMBER						DATE	TITLE
ITEM	PAGE NO.	PARA-GRAPH	LINE NO.*	FIGURE NO.	TABLE NO.	RECOMMENDED CHANGES AND REASON (Provide exact wording of recommended changes, if possible).	

TYPED NAME, GRADE OR TITLE	TELEPHONE EXCHANGE/ AUTOVON, PLUS EXTENSION	SIGNATURE
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<b>TO:</b> <i>(Forward direct to addressee listed in publication)</i>	<b>FROM:</b> <i>Activity and location) (Include ZIP Code)</i>	<b>DATE</b>
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**PART II - REPAIR PARTS AND SPECIAL TOOL LISTS AND SUPPLY CATALOGS/SUPPLY MANUALS**

PUBLICATION NUMBER			DATE		TITLE			
PAGE NO.	COL. NO.	LINE NO.	NATIONAL STOCK NUMBER	REFERENCE NO.	FIGURE NO.	ITEM NO.	TOTAL NO. OF MAJOR ITEMS SUPPORTED	RECOMMENDED ACTION

**PART III - REMARKS** *(Any general remarks or recommendations, or suggestions for improvement of publications and blank forms. Additional blank sheets may be used if more space is needed.)*

TYPED NAME, GRADE OR TITLE	TELEPHONE EXCHANGE/AUTOVON, PLUS EXTENSION	SIGNATURE
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