

<b>RECOMMENDED CHANGES TO PUBLICATIONS AND BLANK FORMS</b> For use of this form, see AR 25-30; the proponent agency is OAASA.		Use <b>Part II</b> (reverse for Repair Parts and Special Tool Lists (RPSTL)).	DATE
<b>INSTRUCTIONS FOR SUBMITTING THE DA FORM 2028</b>			
This form may be submitted by mail or electronically. For changes to blank forms, submit the DA Form 2028 electronically to the publications control officer (PCO)/forms control officer (FMO) of the organization that has oversight of the form/publication. (See PCO/FMO email addresses on the APD Web site at <a href="https://www.us.army.mil/suite/doc/46869875">https://www.us.army.mil/suite/doc/46869875</a> (CAC access only.) For comments/recommended changes to publications, users must submit the DA Form 2028 as required by the publication's proponent. (See suggested improvements paragraph on the title page of each publication to determine the proponent's preferred way to communicate.)			
<b>DETERMINING AND SELECTING THE PROPER PROPONENT</b>			
To identify the proper proponent for any publication or form, visit the APD Web site ( <a href="https://armypubs.army.mil">https://armypubs.army.mil</a> ) to search for the publication or form by title.			
<b>TO:</b> (Forward to proponent of publication or form) (Include ZIP Code)		<b>FROM:</b> (Activity and location) (Include ZIP Code)	
<b>PART I - ALL PUBLICATIONS (EXCEPT RPSTL) AND BLANK FORMS</b>			
PUBLICATION/FORM NUMBER, CHANGE NUMBER <i>(If applicable)</i>	PUBLICATION/ FORM DATE	TITLE	
For each comment, include as applicable: <i>Comment number, work package number or data module code, page number, paragraph number, figure number, table number, recommended change, and reason for change.</i>			
TYPED NAME, GRADE/RANK, POSITION TITLE, E-MAIL ADDRESS	TELEPHONE NUMBER/DSN/EXTENSION	SIGNATURE	

<b>TO:</b> (Forward to proponent of publication or form) (Include ZIP Code)	<b>FROM:</b> Activity and location) (Include ZIP Code)	<b>DATE:</b>
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**PART II - REPAIR PARTS AND SPECIAL TOOLS LISTS**

PUBLICATION/FORM NUMBER, CHANGE NUMBER <i>(If applicable)</i>	PUBLICATION/ FORM DATE	TITLE
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For each comment, include as applicable: *Comment number, work package number or data module code, page number, column number, figure number, item number, reference number, national stock number, total number of major items, recommended change, and reason for change.*

**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.)*

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TYPED NAME, GRADE OR TITLE, AND E-MAIL ADDRESS	TELEPHONE NUMBER/DSN/ EXTENSION	SIGNATURE
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