



# REQUEST FOR APPROVAL OF NEW, REVISED, DELETED OR REACTIVATED STATE FORM

State Form 36040 (R13 / 5-22)

**INSTRUCTIONS:**

**NEW FORMS** – Attach a copy of the proposed version.

**REVISED FORMS** – Attach a copy of the latest revision with all changes marked in red.

**DELETED / REACTIVATED FORMS** – Complete Part One and the first two lines of Part Two only.

**Agency Forms Coordinator and Agency Supervisor must sign this form signifying review and approval.**

PART ONE AGENCY INFORMATION (Required for all requests)			
Printed name of requestor	Signature of requestor	Telephone number ( )	Date (month, day, year)
Name and address of agency (room number, street, city, and ZIP code)			Agency number (Business Unit)
Printed name of agency forms coordinator	Signature of agency forms coordinator	Telephone number ( )	Date (month, day, year)
Printed name of agency supervisor	Signature of agency supervisor	Telephone number ( )	Date (month, day, year)

PART TWO FORM INFORMATION (Required for new and revised forms)	
Type of request	<input type="checkbox"/> Request for new State form <input type="checkbox"/> Request to delete existing State form and remove from State Forms Catalog <input type="checkbox"/> Request for revised State form <input type="checkbox"/> Request to reactivate a deleted State form
Form title (if a new form, provide suggested title)	State form number (if new leave blank)
Form to be designed by (select one): <input type="checkbox"/> Agency (provide electronic copy) <input type="checkbox"/> IARA	This form requires and has been granted the following approval(s) (leave blank if not applicable): <input type="checkbox"/> State Board of Accounts (attach completed SF 56162) <input type="checkbox"/> Auditor of State approval
An electronic copy of this form will be placed on the State Forms Catalog. Who should have access to this form? <input type="checkbox"/> General public <input type="checkbox"/> State employees <input type="checkbox"/> Agency only <input type="checkbox"/> Not searchable	
In what file format(s) should this form be uploaded into the State Forms Catalog? <input type="checkbox"/> Fillable PDF <input type="checkbox"/> Non-fillable PDF <input type="checkbox"/> Other (please specify if fillable or non-fillable) _____	
How is this form to be completed? <input type="checkbox"/> Hand <input type="checkbox"/> Electronically	Type of signature (only applies to fillable PDF forms that require signatures; leave blank if not applicable) <input type="checkbox"/> Wet signature <input type="checkbox"/> Digital signature
Does this form request a Social Security Number? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is it:      State / Federal statute(s) authorizing collection of Social Security Number <input type="checkbox"/> Voluntary <input type="checkbox"/> Mandatory
Does this form request confidential information? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the form collects confidential information, under what State / Federal statute or promulgated rule is this authorized?
<input type="checkbox"/> Check here if the form will only be printed by the end user. This request is now complete	

PART THREE PRINTING INFORMATION (Required if the form will be produced by a printing vendor)						
Form construction:		<input type="checkbox"/> Unit set (carbonless or carbon)	<input type="checkbox"/> Receipt	<input type="checkbox"/> Continuous	Type of paper	
<input type="checkbox"/> Single flat sheet		<input type="checkbox"/> Tags / Label	<input type="checkbox"/> Ledger	<input type="checkbox"/> Check / Warrant		
<input type="checkbox"/> Booklets / Bond set		<input type="checkbox"/> Self-mailer	<input type="checkbox"/> Other: _____			
PLY SEQUENCE			COPY			
No.	COLOR	DISTRIBUTION	F = Front B = Back	Will the form be padded? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sheets per pad?	Will the form be carbonless? <input type="checkbox"/> Yes <input type="checkbox"/> No
1			<input type="checkbox"/> F <input type="checkbox"/> B			
2			<input type="checkbox"/> F <input type="checkbox"/> B	Will the form be perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type of perforation? <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Will the form have carbon paper interleaves? <input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> F <input type="checkbox"/> B	Will the form be numbered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Numbered on: <input type="checkbox"/> Top ply <input type="checkbox"/> All plies	Beginning number
4			<input type="checkbox"/> F <input type="checkbox"/> B	Will the form have holes punched? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type the holes (send sample) <input type="checkbox"/> 3 hole <input type="checkbox"/> 5 hole <input type="checkbox"/> Post hole <input type="checkbox"/> Acco type <input type="checkbox"/> Other _____	
5			<input type="checkbox"/> F <input type="checkbox"/> B			
6			<input type="checkbox"/> F <input type="checkbox"/> B			
Comments / special instructions:						

FOR INDIANA ARCHIVES AND RECORDS ADMINISTRATION USE ONLY			
This request is for a:			<input type="checkbox"/> Approved
<input type="checkbox"/> New form <input type="checkbox"/> Revised form <input type="checkbox"/> Deleted form <input type="checkbox"/> Reactivated form			
Name of IARA evaluator		Date received (month, day, year)	Date finalized (month, day, year)
Comments:			