DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

FORM/REPORT INFORMATION AND AUTHORIZATION RECORD

(See Instructions and supporting documentation requirements on Page 2.)

SECTION A. APPLICATION FORM OR REPORT *(Please type)*

TO:	1. FROM (ORIGINATING OFFICE)	2. CONTACT PERSON	3. PHONE NO.	4. ROOM NO.

5. NATURE OF REQUEST *(Check appropriate box)*

☐ A. NEW ☐ B. REVISED ☐ C. EXTENSION *(Reports Only)* ☐ D. DISCONTINUED FORM/REPORT *(Complete items 6, 9, 11, 25, 26)*

☐ E. REINSTATEMENT OF AN EXPIRED FORM/REPORT *(Specify)* _____ ☐ F. INTER-AGENCY REPORT

6. TITLE OF FORM/REPORT

7. PRESCRIBING DIRECTIVE FOR THIS FORM/REPORT *(Attach a draft copy of COMDTNOTE/COMDTINST.)*

7a. DISPOSITION OF PRESENT FORMS STOCK

☐ DESTROY ☐ OTHER *(Specify)*

☐ USE UNTIL DEPLETED

8. CLEARANCE INFORMATION *(Check appropriate box)*

☐ YES ☐ NO FILLED OUT AND SUBMITTED BY THE PUBLIC *(If YES, SEE HQINST 5214.13A)*

☐ YES ☐ NO DOES A PRIVACY ACT STATEMENT APPLY?

9. FORM NUMBER

10. EDITION DATE

11. REPORTS CONTROL NO.

12. IDENTIFY FORM/REPORT REPLACED BY THIS ACTION

13. LIST INTERNAL CUSTOMERS *(Customers, divisions, etc.) USING THIS FORM/REPORT*

14. INDIVIDUAL OR ORGANIZATIONS OUTSIDE CG INVOLVED IN THE USE OF THIS FORM/REPORT

15. FREQUENCY OF FORM/REPORT

☐ ONE TIME ☐ SEMI-ANNUAL ☐ AS NEEDED

☐ QUARTERLY ☐ ANNUAL

15a. NO. OF COPIES TO BE PREPARED YEARLY

16. MEAN OF PREPARATION

☐ PEN

☐ AUTOMATION *(Specify)*

SECTION B. COMPLETE FOR REPORTS ONLY

17. OFFICES OF UNITES COMPLETING THE REPORT OR FEEDER REPORTS. *(Reports collecting information from units below the group level must be cleared by the facility managers for the responding units) (Check all that apply)*

☐ HQ UNITS ☐ MSO/MIO/MSU ☐ AIR STATIONS

☐ AREAS ☐ TRAINING CENTERS ☐ AUXILIARY

☐ DISTRICT OFFICES ☐ SUPPLY CENTERS ☐ OTHER *(Specify)*

☐ SECTORS ☐ CUTTERS _____

☐ STATIONS ☐ BASES _____

18. IDENTIFY SOURCE RECORDS OR FEEDER REPORTS USED FOR COMPLETING THIS REPORT. *If these items are used for completing additional reports, identify those reports. For example, If a report completed by the districts, results in reports completed by field units, identify all field unit reports.*

19. PERSONNEL RESOURCES REQUIRED TO COMPLETE REPORT *(Rank, grade and number of individuals)*

20. ADDITIONAL TRAINING NECESSARY TO COMPLETE THE REPORT

21. TOTAL ANNUAL RESPONSES	22. HOURS PER RESPONSE	23. TOTAL ANNUAL HOURS	24. ESTIMATED COSTS TO RESPONDING UNITS

SECTION C. AUTHORIZATION SIGNATURES FOR FORM/REPORT

25. SIGNATURE AND TITLE OF DIVISION OR OFFICE CHIEF	26. DATE

FOR MANAGEMENT PROGRAMS & POLICY BRANCH ONLY

SIGNATURE OF FORMS/REPORTS MANAGER	DATE RECEIVED	RCN ASSIGNED	EXPIRATION NUMBER

Reset

TO REQUEST A FORM/INTERNAL REPORT COMPLETE THE CGHQ-3342 AND SUBMIT THE FOLLOWING:

1. A statement describing how the information will be used.
2. A draft copy of the prescribing directive (COMDTINST, COMDTNOTE), the requiring DHS Directive, and U.S. Code or Public Law. (Submit the Letter of Promulgation and ONLY the pages or sections that require the form or report.)
3. A draft of the forms and a completed and signed Printing and Binding Request, Standard Form 1 (SF-1) *(if applicable)*.
4. A copy of the outside agency request, if it is an interagency report.
5. A copy of the privacy act statement *(if applicable).*

INSTRUCTIONS FOR COMPLETING SECTION A. FOR FORMS/REPORTS

1. Self-explanatory.

2-4. Point of Contact's name, extension and room number, email.

5. Nature of Request:

   a. New: any forms/reports not currently in the Catalog of Forms or DPRI Reports Inventory.

   b. Revised: any form/report currently approved that is being changed.

   c. Extension: any expiring report in the DPRI being maintained in its current format.

   d. Self-explanatory.

   e. Reinstatement: any form/report that has been expired and needs to be reinstated.

   f. Interagency reports: any report another Federal Agency request from (2) or more outside agencies.

6. Self-explanatory.

7. Prescribing Directive for the Form/Report. List and attach copies of the requiring CG Directive, COMDTINST, COMDTNOTE. (*Include the Directive Letter of Promulgation and ONLY the pages or sections that require the form or report)*. FOR REPORTS ONLY – attach the requiring DHS Directive, and U.S. Code or Public Law.

8. Identify forms/reports submitted by the public or requiring a privacy act statement.

9-11. CG-611 provides this information for new forms/reports. For revised, discontinued, reinstated, or extended forms/reports provide the latest form number, edition data and/or reports control number.

12-13. Self-explanatory.

14. List external customers (individuals/organizations) using this form/report.

15. Indicate the form/report frequency, (greater than quarterly requires additional justification).

16. Method of Preparation, (*if automated specify*: online, email or Computer Generated COMP GEN).

SECTION B. INSTRUCTIONS FOR COMPLETING REPORTS ONLY

17. Check each office completing the report or a feeder report. Feeder reports are required to complete the requested report. Reports collecting information from units below the sector level must be cleared by the facility managers for the responding units.

18. Self-explanatory.

19. Provide the number of individuals to complete the report and the rank/grade of each individual.

20. Identify any additional training necessary to enable responding units to complete the report.

21-23. Provide the total number of offices responding annually, the hours per response, and the total annual response hours.

24. Provide the total estimated costs to the responding offices. *(Costs should indicate the total response cost, not the cost for each responding office.)*

25-26. Self-explanatory.