

RECOMMENDED CHANGES TO PUBLICATIONS AND BLANK FORMS For use of this form, see AR 25-30; the proponent agency is OAASA.		Use Part II (reverse for Repair Parts and Special Tool Lists (RPSTL)).	DATE
INSTRUCTIONS FOR SUBMITTING THE DA FORM 2028			
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), and the forms management officer (FMO) of the organization that has oversight of the form/publication. See PCO/FMO email addresses on the APD Website at: https://armypubs.army.mil/default.aspx , then click on the 'RESOURCES' menu link at the top, then the link for the 'PC/PCO/FMO/EPCO Directory (CAC required for access)'. 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.)			
DETERMINING AND SELECTING THE PROPER PROPONENT			
To identify the proper proponent for any publication or form, visit the APD Web site at: https://armypubs.army.mil/default.aspx and click on the 'RESOURCES' menu at the top, then click on the 'PC/PCO/FMO/EPCO Directory (CAC required for access)' link to access the directory.			
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 BLANK FORMS			
PUBLICATION/FORM NUMBER, CHANGE NUMBER (If applicable)	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

TO: <i>(Forward to proponent of publication or form) (Include ZIP Code)</i>	FROM: <i>Activity and location) (Include ZIP Code)</i>	DATE:
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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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