
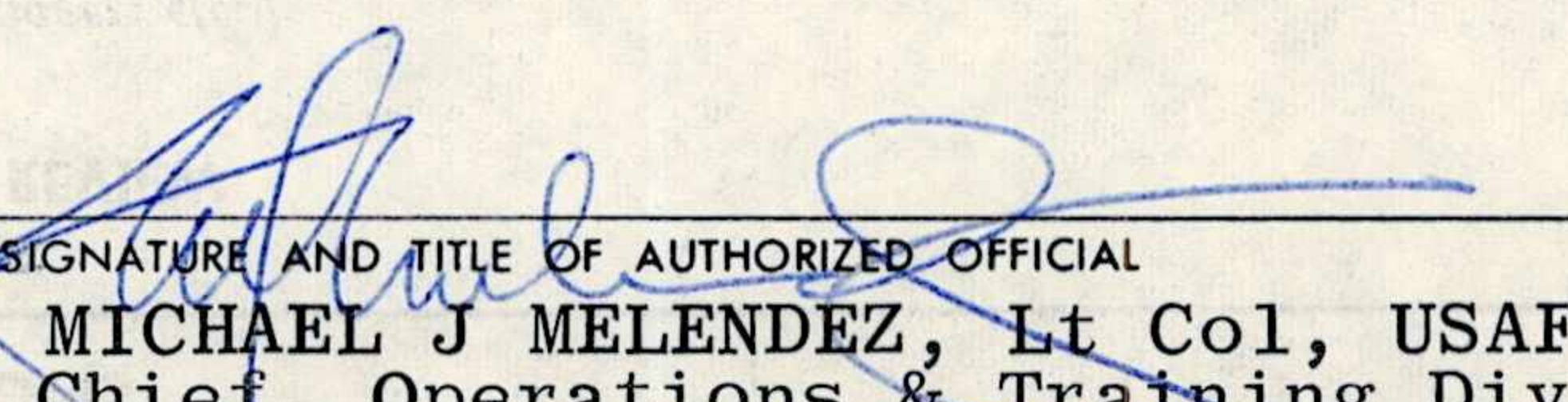


REQUEST FOR REVIEW OF PUBLICATION AND/OR FORM(S)				SUSPENSE DATE 31 Mar 1969	
I. (To be completed by the Administrative Office)					
TO: WGOOT-B			FROM: WGCAS		DATE OF REQUEST 17 Mar 1969
Please review the publication or form shown below to determine whether it is current and its continued use warranted. When a publication prescribes any form(s) for which you are responsible, include them in the review.					
1. PUBLICATION OR FORM NO. AFR 80-17/ 4600 AB Wg Sup 1		2. DATE 10 Jan 67		3. TITLE Unidentified Flying Objects (UFO)	
4. REASON FOR REVIEW (Check applicable box)				5. PRESCRIBING DIRECTIVE	
<input checked="" type="checkbox"/> X	A. PERIODIC		B. SPECIAL (See additional instructions)		C. REPRINT
6. ADDITIONAL INSTRUCTIONS					
7. QUESTIONS CONCERNING THIS REVIEW SHOULD BE DIRECTED TO (Name, location, telephone) Mrs Rutledge/WGCAS-P/2530				SIGNATURE OF AUTHORIZED OFFICIAL 	
II. (To be completed by the office of primary interest (OPI). See instructions on reverse.)					
TO: WGCAS			FROM: WGOOT-B		DATE 4 Apr 1969
8. STATUS OF PUBLICATION AND/OR FORM(S) (Check applicable boxes)					
A. CURRENT AND NO REVISION OR CHANGE IS REQUIRED (If applicable, list under Remarks any forms included in the review and give status of each one.)					
B. REQUIRES REVISION (Show under Remarks name of project officer, telephone number, office symbol and date draft will be submitted. If it is a "Reprint" review, indicate under Remarks whether reprint is approved or disapproved. If the target date for revision is unknown or uncertain, authorize a limited reprint to assure an adequate stock until the revised edition becomes available.)					
<input checked="" type="checkbox"/> X C. REQUIRES CHANGE. (Show under Remarks name of project officer, telephone number, office symbol, and date draft will be submitted.)					
D. UNNECESSARY AND CAN BE RESCINDED. (NOTE: Each form prescribed in a rescinded publication is automatically rescinded unless it is prescribed in another publication. List under Remarks each form prescribed and whether it should be rescinded or is prescribed in another publication.)					
E. OTHER (If none of the above boxes apply, explain under Remarks.)					
9. REMARKS Lt Col Frank C Sausa/4711 Change attached.					
NAME, LOCATION, AND PHONE NUMBER OF PERSON ACCOMPLISHING REVIEW FRANK C. SAUSA, Lt Col, USAF Chief, Base Operations Branch/4711				SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL  MICHAEL J MELENDEZ, Lt Col, USAF Chief, Operations & Training Div	

INSTRUCTIONS

INITIATING THE REVIEW

1. The administrative office (*publications manager, forms manager, etc.*)
 - a. Completes Section I of the form. (*The number of copies depends upon local practices.*)
 - b. Sends one or more copies to the office of primary interest (*OPI*).
 - c. Retains one copy for suspense and follow-up purposes.

REVIEWING THE PUBLICATION

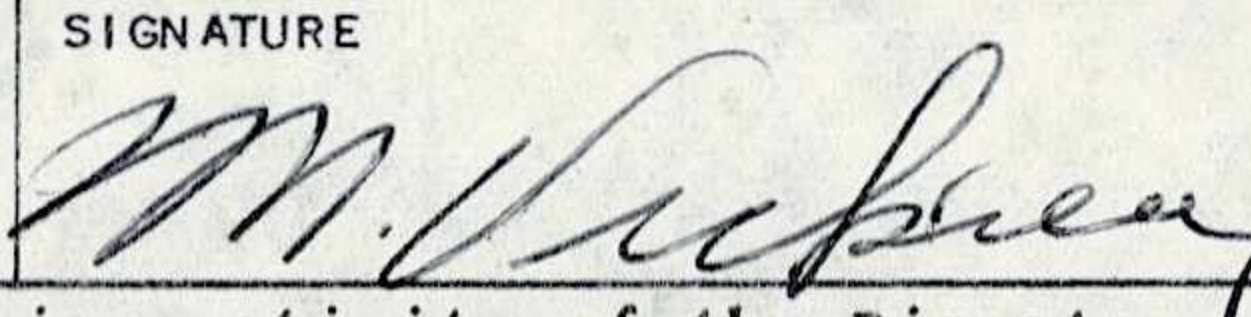
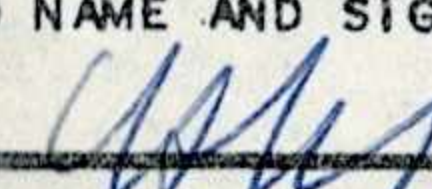
2. The OPI completes Section II of the form and returns a copy to the administrative office. To complete it properly, the reviewing official will:
 - a. Note the reason for review checked in Section I of this form.
 - b. Examine the item to insure its continued applicability, judiciousness of purpose, good taste, consonance with existing law, and national, Department of Defense, and Air Force policy or doctrine.
 - c. Determine whether costly, manpower-consuming procedures or instructions can be eliminated or modified by rescission, revision, or change.
 - d. Look for evidence that the item concerned is inaccurate, non-essential, or inadequate, such as:
 - (1) References to rescinded or revised publications.
 - (2) Similarity to publications or forms issued by higher headquarters.
 - (3) Issuance of messages or other communications needed to explain or interpret it.
 - (4) Three (3) years old or older.

SIGNING THE COMPLETED FORM

3. The official authorized to approve the publication and its related form(s) after development, signs the completed form. The signature of this official is required regardless of reason checked in Item 4.

FILING THE COMPLETED FORM

4. The administrative office keeps a copy of the completed form on file for each current publication and form reviewed under these instructions. That copy may be removed from the file and destroyed upon completion of a subsequent review.

REQUEST FOR ISSUANCE OF PUBLICATION					DATE 19 December 66		
(If additional space is required, continue on reverse, identifying item by number.)							
I. (To be completed by office of primary interest (OPI))							
TO: (Publications review activity) WGCAS		THRU: (Approving authority) WGOOT		FROM: (Office symbol of OPI) WGOOT-B			
1. NAME OF PROJECT OFFICER Major Edward L Stricker				2. TELEPHONE NO. 4711/4709			
3. PUBLICATION IS <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> CHANGED			4. HANDLE AS <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PRIORITY (Explain in item 12.)				
5. TITLE OF PUBLICATION Unidentified Flying Objects (UFO)							
6. TYPE (Regulation, manual, etc.) Regulation		7. RECOMMENDED BASIC SERIES NO. (See AFR 5-1) AFR 80-17/4600th AB Wg Sup 1			8. SECURITY CLASSIFICATION Unclassified		
9. PUBLICATION DATA		YES	NO	10. FORMS DATA		YES	NO
A. CONTAINS COPYRIGHT MATERIAL			<input checked="" type="checkbox"/>	A. FORMS ARE PRESCRIBED OR REFERRED TO (If "Yes", check applicable box(es)). <input type="checkbox"/> NEW <input type="checkbox"/> REQUIRES REVISION <input type="checkbox"/> EXISTING			
B. IMPLEMENTS A HIGHER HEADQUARTERS PUBLICATION (If "Yes", indicate publication no. and date.) AFR 80-17		<input checked="" type="checkbox"/>		B. AF FORMS 1141. REQUEST FOR APPROVAL OF FORM, HAVE BEEN FORWARDED TO FORMS MANAGEMENT ACTIVITY (This form is to be submitted when new or revised forms are to be developed. Contact your local forms management staff for further instructions.)			
C. CONTAINS INFORMATION WHICH MUST BE INSERTED IN THE "FEDERAL REGISTER" BECAUSE IT IS OF INTEREST TO GENERAL PUBLIC (Usually applicable only to departmental publications.)			<input checked="" type="checkbox"/>	C. EXISTING FORMS OBSOLETE (Complete if procedural changes are making existing forms obsolete and unusable. List each form below.)			
D. CAN COPIES BE RELEASED, WITHOUT COST, TO GENERAL PUBLIC (individuals, organizations) HAVING PARTICULAR INTEREST IN SUBJECT MATTER?		<input checked="" type="checkbox"/>					
E. INDICATE THE FUNCTIONAL AREAS AFFECTED BY THIS PUBLICATION (i.e., manpower, development, Inspector General, etc.). IF ALL AREAS ARE AFFECTED, INDICATE "ALL". All							
11. COORDINATION AND CONCURRENCE HAVE BEEN OBTAINED FROM THE FOLLOWING ORGANIZATIONS:							
OFFICE SYMBOL	NAME	EXTENSION	OFFICE SYMBOL	NAME	EXTENSION		
WGCVC-E	McTague	6824					
WGCAS-R	OS	2530					
12. REMARKS							
13. CERTIFICATION							
I CERTIFY THAT THE ATTACHED MANUSCRIPT MEETS AIR FORCE REQUIREMENTS FOR NECESSITY, ACCURACY, GOOD TASTE, AND CONSONANCE WITH AIR FORCE DOCTRINE, EXISTING LAW, AND NATIONAL, DEPARTMENT OF DEFENSE, AND AIR FORCE POLICY.							
TYPED NAME, GRADE, AND TITLE OF APPROVING AUTHORITY MAC VICKREY, Lt Col, USAF Chief, Ops & Training Div			SIGNATURE 		OFFICE SYMBOL AND EXTENSION WGOOT, Ext 4520		
II. (To be completed by Publications Review activity of the Director of Administrative Services.)							
14. PROJECT NO. 2	15. ESTIMATED DATE OF COMPLETION 10 January 1967	16. NAME OF EDITOR GS-3 Carol Wiltsang			17. EXTENSION 2533		
18. PROCESSING ACTION (Enter all actions taken up to time publication is submitted to printer.)							
19. INSTRUCTIONS FOR PRINTER							
A. NO. MANUSCRIPT PAGES 1	B. NO. ILLUSTRATIONS 0	C. PROOFS REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO		D. ADDITIONAL INSTRUCTIONS			
20. SEND ADVANCE COPIES TO (Indicate name of individual, organization, and quantity.)							
21. TYPED NAME AND SIGNATURE OF INDIVIDUAL APPROVING COPY FOR PRINTING 				22. DATE TO PRINTER 10 Jan 67		23. SCHEDULED COMPLETION DATE 12 Jan 67	

AFR 80-17/4600th AB Wg Sup 1

4600th AB Wg SUPPLEMENT 1
TO: AFR 80-17

HEADQUARTERS 4600th AIR BASE WING
Ent Air Force Base, Colorado
10 January 1967

Research and Development

UNIDENTIFIED FLYING OBJECTS (UFO)

AFR 80-17, 19 September 1966, is supplemented as follows:

3.1 UFO Reports. The office of the Base Operations Officer is delegated the over-all responsibility for investigating and reporting unidentified flying objects (UFO) sightings, as required by paragraph 3c.

a. All UFO reports/sighting will be referred to Base Operations Dispatch Section, telephone extensions 4778/4779.

b. The office of the Base Operations Officer will publish a detailed office instruction prescribing the handling and processing of UFO reports.

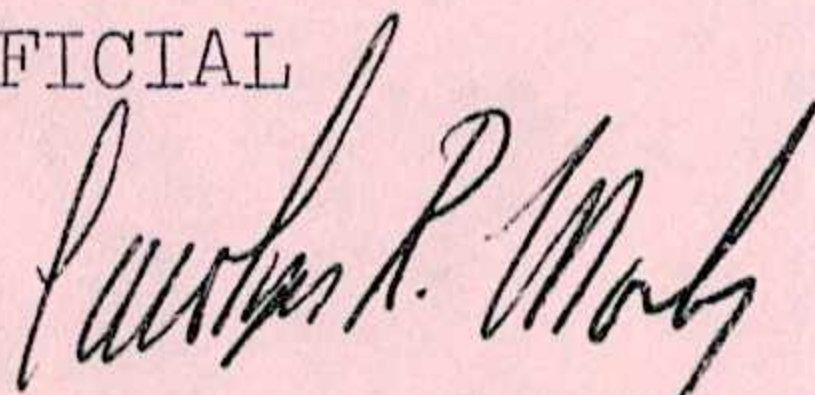
8b(1). Report will be addressed to Hq ADC (ADOCP) and will be forwarded by messenger.

8b(6) (Added). Hq NORAD (NOOP-A). Report will be forwarded by messenger.

8b(7) (Added). 4600th AB Wg (WGOOT). Report will be forwarded by messenger.

8c. Information copies will be forwarded to Hq ADC (ADOCP) by messenger, Hq NORAD (NOOP-A) by messenger, and 4600th AB Wg (WGOOT) by messenger.

OFFICIAL



CAROLYN R MORBY
1st Lt, USAF
Chief Admin Svcs

FREDERICK C ROBERTS, JR
Colonel, USAF
Commander

OPR: WGOOT-B
DISTRIBUTION: S