



DOCKET REQUEST FORM

REQ #: _____ (OFFICE USE ONLY)

REQUESTER: _____ REQUEST DATE: _____
LAST, FIRST MM/DD/YYYY

CATEGORY: ITEM SERVICE EVENT (CIRCLE ONE)

TITLE OF REQUEST: _____

DESCRIPTION:

Describe what you're requesting

TIME-SENSITIVE: YES NO

IF YES: NEEDS DECIDED BY: _____

(Minimum 3-day review period) MM/DD/YY

NOTICE:

DOCKET REQUEST FORMS ARE DECIDED
BASED ON TIMELINESS AND REGULATORY
COMPLIANCE WITH FSOC POLICY AND
THE LIFE CODE REGULATION DIRECTORY.

ESTIMATED COST: <\$100 \$100-299 \$300-699 \$700-1,000 +\$1,0000 +\$5,000
(CIRCLE ONE)

Is it a one-time singular purchase? YES OR NO If no, please provide more financial details below.

JUSTIFICATION: *Please provide a justification for your request:*

MAIL:

ATTN: Secretary Nova
3228 NE SEWARD AVE
TOPEKA, KS 66616

EMAIL:

foreignaffairsofministry@gmail.com
Subject Line: FSOC Docket Request Form