



14. REMARKS/COMMENTS

INSTRUCTIONS FOR COMPLETION OF DD FORM 1685

**BLOCKS**    **INSTRUCTIONS**

1.        Insert mailing address of collaborator, for his Service/Agency, or when the originator is the manager, or insert mailing address of submitter when the action is originated by the manager and there are no other Service/Agencies recorded but the FSC is subject to single submitter procedures.
2.        Insert mailing address of originator.
- 3a.       NSNs should be typed or printed in sequenced format, e.g., 5960-00-123-4567.
4.        Insert Document Control Number. Must be the same number reflected on attached worksheet(s).
5.        Insert "X" and other data as required. When the Multiple DIC Input (*LMD*) concept is applicable, enter "LMD" on "OTHER" line and insert "X's" in associated DIC blocks.
6.        Complete when considered necessary.
7.        Insert name and telephone number of individual who prepared this DD Form 1685.
8.        Insert name and title of Approving Official.
9.        Insert mailing address of originator when an addressee who appeared in Block 1 is expressing concurrence/nonconcurrence and is returning the form to the originator; or, the mailing address of the manager when Block 9 represents a collaborator or submitter.
10.       Insert the mailing address of the collaborator, manager, or submitter.
11.       "X" the statement block that applies.
12.       Insert name and DSN number of individual who is authorized to prepare the Respondent's portion of this DD Form 1685.
13.       Insert name and title of individual at the Respondent's activity (*or his authorized delegate*) who is the Approving Official of this DD Form 1685.
14.       Self-explanatory.