VISUAL INFORMATION (VI) ACTIVITY AUTHORIZATION RECORD

For use of this form, see AR 25-1; the proponent agency is CIO/G-6.

1. DVIAN

SECTION I - VI ACTIVITY PROFILE

2. RCIO/FOA	4. POINT OF CONTACT	6a. TELEPHONE NUMBER *(Include DSN and Commercial)*	
3. UIC/FOA	5a. UNIT OR ACTIVITY NAME AND ADDRESS	6b. FAX NUMBER	
		7. PROGRAM ELEMENT CODES	
	5b. E-MAIL ADDRESS	8. DATE LAST CA REVIEW *(YYYYMMDD)*	9. METHOD OF OPERATION

SECTION II - ACTIVITY CLASSIFICATION

10. TYPE ACTIVITY	11. FUNCTIONS/SERVICES AUTHORIZED

SECTION III - APPROVAL

12. MACOM/FOA VI MANAGER VALIDATION			13. HQDA APPROVAL		
a. TYPED NAME	b. COMMAND		a. TYPED NAME	b. HQDA STAFF	
c. SIGNATURE		d. DATE *(YYYYMMDD)*	c. SIGNATURE		d. DATE *(YYYYMMDD)*