

CP-189 INQUIRY FORM

(Each Inquiry must be written to allow a Yes or No answer. Only one Inquiry is permitted per form.)

Name _____		Inquiry No. _____	
Address _____		Date _____	
Phone _____	Fax _____	CP-189 Edition _____	
Email _____		Paragraph(s) _____	
State the Purpose of the Inquiry			
<input type="checkbox"/> Revision of present requirement(s)	<input type="checkbox"/> New or additional requirement(s)	<input type="checkbox"/> Request for interpretation	
(a) Proposed Revision(s), Addition(s) or Inquiry			
(b) Statement of Need or Reply			
(c) Background Information			
d) Response to Inquiry (SDC Interpretation Sub-Committee)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sub-Committee Chairman Name _____	

Return completed form to:

Chairman, SDC Interpretation Sub-Committee
c/o SDC Secretary, Technical Services Department
1711 Arlingate Lane
Columbus, OH 43228-0518
clongo@asnt.org