

ILI-PQ INQUIRY FORM

_____ Name	_____ Date
_____ Address	
_____ Phone	_____ ILI-PQ Edition
_____ Email	_____ Paragraph(s):

State the *Purpose* of the Inquiry

Revision of present requirement(s) New or additional requirement(s) Request for interpretation

(a) Inquiry

(b) Background Information

(c) Response to Inquiry (SDC Interpretation Subcommittee)

Return completed form to:

Technical Services Manager
ASNT Standards Development Committee
1711 Arlingate Lane, Columbus, OH 43228-0518