

Welding & Joining Management Group

## WORK REQUEST FORM

Fill out form as completely as possible in order to expedite processing. Payment is required at time of service.

Company:		Contac	Contact:		
Address:		City:		State:	
Zip: Phone:		Fax:		Client PO #:	
Type of Material / Condition:		Specifi	Specification:		
Model #: Part #:		Serial #: Lot / Job #:			
Size: Cast / Heat Date:		Sample	Sample #:		
Responsible for Payme					
BEND TEST:    Machining by:V    Spec / Std:    FILLET WELD BRE    Machining by:V   Single Pass    Spec / Std:    MACRO-ETCH:   Fillet Weld    MACRO-ETCH:   Rown on the standard is poster    Machining by:V    Machining by:V    Machining by:V    Machining by:V    Machining by:V    Spec / Std:    Machining by:V    Spec / Std:    Machining by:V	AK TEST: /JMGClient _Multi Pass 		Specification: Type: Grade: Condition: ALLOY ANALYSI: ARL3460:Cut NITON XLt:C WJMGC NONDESTRUCTIV TPT Other: Written Practice / F Welder name and I thickness, diamete etc. WPS, PQR, V the proper docume WPS Manual Automatic	r Peel Test: BrazeWeld Base Material Filler Material  S: tingsSolid uttingsSolid Offsite VE TEST: VTUT Procedure: ICATION: (Include WPS#/ PQR, ID, company, material type and br, process, joint, position, filler metal, VQTR will not be processed without ents.) PQRWQTR RoboticPWHT Semi-automatic ed by:WJMGClient	
	HARDNESS TEST: RockwellBrinellVickersKnoop Spec / Std:		Equipment to be certified:		
TEST RESULTS: Call with resultsFaxMailE-mailWill pick upReturn test samples					

Payment is required at time of Service. Please make checks payable to Welding & Joining Management Group. Mail to: PO Box 235, Frederick, CO 80530

3756 Monarch Street Frederick, Colorado 80516