

### WORK AUTHORIZATION

	DATE:	
COMPANY NAME:		
ADDRESS:		
CITY/STATE/ZIP:		
PHONE:	FAX:	
E-MAIL:		
CONTACT:		
P.O./CREDIT AUTH #		

**MATERIAL DESCRIPTION:** \_\_\_\_\_

**SPECIFICATION (S):** \_\_\_\_\_

### REQUIRED TESTING

	Notes		Notes
<input type="checkbox"/> TENSILES	_____	<input type="checkbox"/> SAMPLE PREPARATION (Send Print)	
<input type="checkbox"/> FULL CHEMISTRY	_____	<input type="checkbox"/> HARDNESS	_____
<input type="checkbox"/> CHARPY Ref:	_____	<input type="checkbox"/> HEAT TREAT	_____
<input type="checkbox"/> FULL SIZE	_____	<input type="checkbox"/> BEND TEST	_____
<input type="checkbox"/> METALLURGICAL	_____	<input type="checkbox"/> SALT SPRAY	_____
<input type="checkbox"/> OTHER:	_____		

Results Needed By: \_\_\_\_\_  Fax  Phone  Certificate of Test

Quality System:  A2LA  NADCAP  Boeing  Nuclear  Other \_\_\_\_\_

Return Sample:  Yes  No UPS/FedEx Acct#: \_\_\_\_\_