# WORK REQUEST FORM

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

<table>
<thead>
<tr>
<th>Company:</th>
<th>Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
</tr>
<tr>
<td>Zip:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Fax:</td>
<td>Client PO #:</td>
</tr>
</tbody>
</table>

**Type of Material / Condition:**

<table>
<thead>
<tr>
<th>Model #:</th>
<th>Part #:</th>
<th>Serial #:</th>
<th>Lot / Job #:</th>
</tr>
</thead>
</table>

**Size:**

<table>
<thead>
<tr>
<th>Cast / Heat Date:</th>
<th>Sample #:</th>
</tr>
</thead>
</table>

**Responsible for Payment:**

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

<table>
<thead>
<tr>
<th>TEST RESULTS:</th>
<th>___Call with results ___Fax ___Mail ___E-mail ___Will pick up ___Return test samples</th>
</tr>
</thead>
</table>

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**BEND TEST:**

Machining by: ___ WJMG ___ Client
Spec / Std: _____________________________

**FILLET WELD BREAK TEST:**

Machining by: ___ WJMG ___ Client
Spec / Std: _____________________________

**MACRO-ETCH:**

___ Fillet Weld ___ Groove Weld

**NICK BREAK:**

Machining by: ___ WJMG ___ Client
Spec / Std: _____________________________

**IMPACT TEST:**

CVN / Izod @ _____ °F/°C Ft lbs/Joules
Machining by: ___ WJMG ___ Client
Standard / Spec: _____________________________
AASHTO / ASTM: _____________________________
Heat / Coll #: _____________________________

**TENSILE TEST:**

Machining by: ___ WJMG ___ Client
Spec / Std: _____________________________

**TORQUE TEST:**

___ Small Bolts ___ Studs
Spec / Std: _____________________________

**METALAX:**

___ Stress Relief ___ Weld Conditioning
Special Notes: _____________________________

**HARDNESS TEST:**

___ Rockwell ___ Brinnell ___ Vickers ___ Knoop
Spec / Std: _____________________________

**POST WELD HEAT TREATMENT:**

___ _____________________________

**PEEL TEST:**

Joining Process for Peel Test:
___ Solder ___ Braze ___ Weld
Spec / Std: _____________________________

**ALLOY ANALYSIS:**

ARL3460: ___ Cuttings ___ Solid
NITON XLT: ___ Cuttings ___ Solid
___ WJMG ___ Offsite

**NONDESTRUCTIVE TEST:**

___ MT ___ PT ___ VT ___ UT
___ Other: _____________________________
Written Practice / Procedure: _____________________________

**WELDER CERTIFICATION:** (Include WPS#/ PQR, welder name and ID, company, material type and thickness, diameter, process, joint, position, filler metal, etc. WPS, PQR, WQTR will not be processed without the proper documents.)

___ WPS ___ PQR ___ WQTR
___ Manual ___ Robotic ___ PWHT
___ Automatic ___ Semi-automatic
Base Metal provided by: ___ WJMG ___ Client

**CERTIFICATION:**

___ WJMG Shop ___ Client Shop
Equipment to be certified: _____________________________

**OTHER:**

__________________________________________