



ASNT Document Inquiry Form

Each inquiry should address a specific section or paragraph of an ASNT document. If submitting multiple inquiries, submit a separate form for each inquiry. All sections must be filled out completely.

Name:	Date:
Email:	Phone:
Address:	(ASNT use only) Inquiry #:
Document <input type="checkbox"/> SNT-TC-1A – Edition _____ <input type="checkbox"/> ANSI/ASNT CP-189 – Edition _____ <input type="checkbox"/> ANSI/ASNT CP-105 – Edition _____ <input type="checkbox"/> ANSI/ASNT CP-106 – Edition _____ <input type="checkbox"/> ANSI/ASNT 9712 (ISO 9712:2021) – Edition _____ <input type="checkbox"/> ANSI/ASNT ILI-PQ – Edition _____	Paragraph(s):
State the Purpose of the Inquiry <input type="checkbox"/> Revision of Present Requirement <input type="checkbox"/> New or Additional Requirement <input type="checkbox"/> Request for Interpretation	
Proposed Revision Addition or Inquiry: 	
Statement of Need or Reply: 	
Background (Add additional information that will clarify the situation, need, etc.): 	
Return completed form to: Attention - Secretary, ASNT Standards Council Email - standards@asnt.org	