



Test Request Form							
Name					Date		
Email Address					Phone		
MTI Contact					PO#		
Company Name							
Address							
City		State			Zip		
WPS/PQR Test Request Form							
O 1101 11 T	☐ PQR		□WPS				
Qualification Type				We	lding Co	ode	
Sample Description							
Base Material				I	Filler Me	tal	
Welding Process				Weldir	ng Positi	on	
Welders Name	F			P	QR/WPS ID		
NOTES							
Testing Needed (Select All That Apply)							
□ Non Destructive Testing							
☐Visual Inspection				☐Charpy Impact Testing			
Radiographic Examination				□Weld Metal			
☐ Magnetic Particle				□HAZ			
☐ Liquid Penetrant			□Base Metal				
☐ Ultrasonic Testing CVN Test Temperature ☐ Tensile Testing							
□ All Weld Metal Tensile						le	
☐Bend Testing							
☐Face and Root			☐Weld Macroetch				
□Side							
□Longitudinal □Other							
Please include form in material sent to MTI for testing							

Please include form in material sent to MTI for testing

If sending in a weld plate/pipe to a specialized specification please include any supporting documents

MTI Form #TRF-02 Rev.0 Page 1 of 1