**Recommended Practice (RP) Request Form**

**Purpose of requested RP:**

**List of proposed Working Group (WG):**

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| --- | --- | --- | --- | --- |
| **Name** | **Company** | **Vote** | **Position** | **Contact Information** |
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**Proposed Timeline for completion (No greater than 2 years):**

**Approvals:**

**Codes and Standards Committee Chair:**

**EGSA President:**

Send completed form to the Codes & Standards Surveillance Committee Chair. Contact information is available at [www.egsa.org](http://www.egsa.org).