

Registration Systems, Inc.

CMA Monitoring Agency 12500 San Pedro, Suite 560 San Antonio, TX 78216 Phone: (512) 545-1889

RSI BULLETIN #92-002

FROM:

Daniel C. Ludwig

DATE:

March 23, 1992

SUBJECT:

Changes to Forms

Attached are updated versions of the Engine Test Registration Form, the Change Form and the Cancellation Form. Please note the new number located in the lower left hand corner is RSI - 922403. Discard all forms that are numbered RSI - 922102.

The ENGINE TEST REGISTRATION FORM has an addition of the word "Optional" preceding the Sponsor In-House Number.

The CHANGE FORM title has been changed to the CORRECTION OF ERROR FORM which includes a statement located at the top of the form to clarify usage of this form.

The CANCELLATION FORM no longer has the section entitled "SUBSTITUTIONS".

CMA PRODUCT APPROVAL CODE OF PRACTICE CORRECTION OF ERROR FORM

This form enables a test laboratory to correct information that was originally submitted on the Engine Test Registration Form. Corrections are typically for typographical errors or transposition of numbers.

PART A: ORIGINAL REGISTRATION INFORMATION (Information in this section should correspond to the original Engine Test Registration Form that was previously submitted)		
Test Laboratory:	Test Sponsor:	
Test Type:	Test Number:	Test Stand:
Formulation/Stand Code:		
		-''
PART B: CORRECTED INFORMATION (In the space provided below, please indicate the correction as appropriate along with a brief explanation.) THIS FORM IS NOT TO BE USED FOR FORMULATION CANCELLATIONS OR SUBSTITUTIONS.		
PART C: CMA MONITORING AGENCY (The CMA Monitoring Agency will forward to the Test Sponsor)		
(Signature)	(Date)

CMA PRODUCT APPROVAL CODE OF PRACTICE CANCELLATION FORM

This form is submitted by the Test Laboratory to the CMA Monitoring Agency 1) If a Test Sponsor contacts a Test Laboratory with an intent to test, and the test was cancelled prior to being registered, or 2) The test was cancelled after being registered.

PART A - CANCELLATION		
Test Laboratory:	Contact:	
Phone No.:	Fax No.:	
Test Sponsor:	Test Type:	
Has this test been registered with the CMA Monitoring Agency?	Yes No	
Formulation/Stand Code:		
'		
REASON FOR CANCELLATION:		
Prepared by:		
(Signature)	(Date)	
PART B: CMA MONITORING AGENCY (The CMA Monitoring Agency will forward to the Test Sponsor)		
Date received:	me received: AM PM	
D		
Prepared by:(Signature)		