

**Exhibit B**  
Request for Partial Exemption

Div:	Technical Point of Contact:	Phone:	Fax:		
Group:		TA:	Bldg:	Room:	
Describe the specific welding activity and application for which the exemption is being requested: (Exemptions may be granted for specific activities and applications, not welding processes or general use)					
Describe specific Reason/Justification for Requested Exemption: (Program requirements for Welding Checklist, filler material control [see GWS 1-03], and basic qualified welders [see GWS 1-05] are still required)					
Requestor's Name:		Signature:	Z#:	Phone:	Date:
Approved by WPA*:		Signature:	Z#:	Phone:	Date:
			Exemption Expires*:		
Re-Approved by WPA:		Signature:	Z#:	Phone:	Date:

\*If approved, approval will be granted for one year at which time it must be resubmitted to the WPA.