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| **Date of Submission:** |  |
| **Name of Submitter(s):**  **Affiliation:**  **Email:**  **Phone:** |  |
| **Consensus Body:** |  |

## Document Information

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| **Designation:** | Best Practice Recommendation (BPR) 🞏  Guideline (G) 🞏  Standard (S) 🞏  Technical Report (TR) 🞏 |
| **Proposed Document Title:** |  |
| **Type of Work Item:** | Revision to Existing ASB Document 🞏  New ASB Document 🞏 |

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| **Date of NWP Revision:** |  |
| **Date of CB Approval:** |  |

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**For further guidance please review the** [***ASB Manual and Style Guide for ASB Standards, Guidelines, Best Practice Recommendations, and Technical Reports***](http://www.asbstandardsboard.org/resources-and-training/)

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