1. TITLE OF PUBLICATION
   Journal of Testing and Evaluation

2. DATE OF FILING
   15 Sept. 1975

3. FREQUENCY OF ISSUE
   Bi-monthly

4. LOCATION OF KNOWN OFFICE OF PUBLICATION (Street, city, county, state and ZIP code) (Not printers)
   1916 Race Street, Philadelphia, Pennsylvania 19103

5. LOCATION OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHERS (Not printers)
   1916 Race Street, Philadelphia, Pennsylvania 19103

6. NAMES AND ADDRESSES OF PUBLISHER, EDITOR, AND MANAGING EDITOR

   PUBLISHER (Name and address)
   American Society for Testing & Materials
   1916 Race Street
   Philadelphia, Pennsylvania 19103

   EDITOR (Name and address)
   Robert Meltzer

   MANAGING EDITOR (Name and address)

7. OWNER (If owned by a corporation, its name and address must be stated and also immediately therewith the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)

   NAME
   ADDRESS
   American Society for Testing and Materials
   1916 Race Street
   Philadelphia, Pennsylvania 19103

8. KNOWN BONDHOLDERS, MORTGAGEES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state)

   NAME
   ADDRESS
   None

9. FOR OPTIONAL COMPLETION BY PUBLISHERS MAILING AT THE REGULAR RATES (Section 132.121, Postal Service Manual)
   39 U. S. C. 3626 provides in pertinent part: "No person who would have been entitled to mail matter under former section 4359 of this title shall mail such matter at the rates provided under this subsection unless he files annually with the Postal Service a written request for permission to mail matter at such rates."

   In accordance with the provisions of this statute, I hereby request permission to mail the publication named in Item 1 at the reduced postage rates presently authorized by 39 U. S. C. 3626.

   (Signature and title of editor, publisher, business manager, or owner)
   Albert L. Batik, Deputy Managing Director

10. FOR COMPLETION BY NONPROFIT ORGANIZATIONS AUTHORIZED TO MAIL AT SPECIAL RATES (Section 132.132 Postal Service Manual) (Check one)

   The purpose, function, and nonprofit status of this organization and the exempt status for Federal income tax purposes Have not changed ☐ Have changed during ☐ preceding 12 months (If changed, publisher must submit explanation of change with this statement.)

11. EXTENT AND NATURE OF CIRCULATION

   A. TOTAL NO. COPIES PRINTED (Net Press Run)
      2,982
      3,000

   B. PAID CIRCULATION
      1. SALES THROUGH DEALERS AND CARRIERS, STREET VENDORS AND COUNTER SALES
         0
         0

      2. MAIL SUBSCRIPTIONS
         2,425
         2,495

   C. TOTAL PAID CIRCULATION
      2,425
      2,495

   D. FREE DISTRIBUTION BY MAIL, CARRIER OR OTHER MEANS SAMPLES, COMPLIMENTARY, AND OTHER FREE COPIES
      0
      0

   E. TOTAL DISTRIBUTION (Sum of C and D)
      2,425
      2,495

   F. COPIES NOT DISTRIBUTED
      1. OFFICE USE, LEFT-OVER, UNACCOUNTED, SPOILED AFTER PRINTING
         557
         505

      2. RETURNS FROM NEWS AGENTS
         0
         0

   G. TOTAL (Sum of E & F should equal net press run shown in A)
      2,982
      3,000

I certify that the statements made by me above are correct and complete.

SIGNATURE OF EDITOR, PUBLISHER, BUSINESS MANAGER, OR OWNER

Albert L. Batik, Deputy Managing Director

PS Form 3525 (Page 1)
MOVING?

To insure uninterrupted service on your JTE subscription, please notify us at least six weeks before you move.

1. Attach your address label from a recent issue in the space provided opposite. (If label is not available, be sure to give your old address, including Zip Code)

2. Print your name, membership no., and address below. (Be sure to include Zip Code)

3. Mail entire notice to: ASTM Headquarters
   Circulation Dept.
   1916 Race St.
   Phila., Pa. 19103

Name__________________________Membership No.________________

New Address__________________________

City________________State____________Zip Code____________

Please print or type the above information