# CTAC Development or Revision

# Stakeholder Review Comment Form

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| CTAC _____ Technology Level _____<br>Period Review: From: (date) _____ To: (date) _____ | | | |
| **Submission - Contact Information** | | | |
| Name: | | | Position: |
| Company: | | | Tel: |
| | | | Email: |
| PDLO or PGLO # | Sub-clause | Describe Issue | Proposed Amendment |
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Please note that all information must be complete for this submission to be considered by the committee.