



Govmark

SUBMITTAL FORM: TPP Testing

DATE: _____

TEST(S) REQUESTED: ASTM D 4108

Kindly indicate below the test configuration:

Number of Layers: [] Single Layer; [] Double Layer; [] Other

Restraint: [] Restrained; [] Unrestrained

Calorimeter vs. Specimen: [] Contact; [] Spaced

DESCRIPTION OF SAMPLE BEING SUBMITTED: *(Describe as completely as possible)*

Lot No.: _____ Date of Mfg.: _____

Style: _____

Composition: _____

Weight: _____ Density: _____ Thickness: _____

End Use Application: _____

IS THIS TESTING PART OF A CLAIM ON BEHALF OF A PLAINTIFF OR DEFENDANT: [] YES; [] NO

Note: Please be sure to clearly mark the surface that is to be tested and the machine direction.

	(1)	(2)	(3)
	COMPANY SUBMITTING SAMPLE	COMPANY TO APPEAR ON REPORT	COMPANY BILLING ADDRESS
Person's Name:			
Company Name:			
Address:			
Telephone #:			
Fax #:			
e-mail:			

Note: Unless otherwise directed by the submitter, test reports will be sent to the company shown in column (1).

SPECIAL INSTRUCTIONS (if any): _____

SEND SAMPLES TO:

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