



Govmark

**SUBMITTAL FORM: Testing of Wall to Wall Carpeting & Padding**

DATE: \_\_\_\_\_

TEST(S) REQUESTED: **ASTM E 648**

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

**CARPET:**

Lot No.: \_\_\_\_\_ Date of Mfg.: \_\_\_\_\_

Style: \_\_\_\_\_

Composition: \_\_\_\_\_

Weight, Density, Thickness, etc.: \_\_\_\_\_

**PADDING:**

Lot No.: \_\_\_\_\_ Date of Mfg.: \_\_\_\_\_

Style: \_\_\_\_\_

Composition: \_\_\_\_\_

Weight, Density, Thickness, etc.: \_\_\_\_\_

**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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Federal EIN # 11 2237670

**Please complete a separate form for each product submitted.**