



SUBMITTAL FORM

DATE: _____

TEST(S) REQUESTED: **ASTM E 1354**

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:

The Govmark Organization, Inc.
96 Allen Boulevard, Suite D
Farmingdale, NY 11735-5626 – U.S.A.
Federal EIN # 11 2237670

Tel. +1 631 293 8944
Fax +1 631 293 8956
Email: info@govmark.com