



Govmark

### SUBMITTAL FORM: Abrasion Testing - Taber

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

**TEST REQUESTED:** TABER ABRASION: ASTM D 3884

Wheels: [ ] CS 10; [ ] CS 10F; [ ] CS17; [ ] H10; [ ] H18; [ ] H22; [ ] H38

Load: [ ] 125 g; [ ] 250 g; [ ] 500 g; [ ] 1,000 g

Maximum number of cycles: [ ] 1,000; [ ] 2,000; [ ] 3,000; [ ] Other: \_\_\_\_\_

**DESCRIPTION OF SAMPLE BEING SUBMITTED:** *(describe completely; please include fiber content):*

\_\_\_\_\_  
\_\_\_\_\_

Please indicate end use: \_\_\_\_\_

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

**Note:** Please be sure to clearly mark the face of the material and the warp 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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