



Govmark

SUBMITTAL FORM: Aircraft Component Testing

DATE: _____

TEST(S) REQUESTED:

Category:	Test(s)		
	FAR Part 25 Appendix F:	Airbus Directive ABD 0031:	Boeing:
Vertical 12 seconds	<input type="checkbox"/> Part I(b)(4)	<input type="checkbox"/> AITM 2.0002B	<input type="checkbox"/> BSS 7230 F2
Vertical 60 seconds	<input type="checkbox"/> Part I(b)(4)	<input type="checkbox"/> AITM 2.0002A	<input type="checkbox"/> BSS 7230 F1
Horizontal	<input type="checkbox"/> Part I(b)(5)	<input type="checkbox"/> AITM 2.0003	<input type="checkbox"/> BSS 7230 F3 <input type="checkbox"/> BSS 7230 F4
45°	<input type="checkbox"/> Part I(b)(6)	<input type="checkbox"/> AITM 2.0004	<input type="checkbox"/> BSS 7230 F5
60°	<input type="checkbox"/> Part I(b)(7)	<input type="checkbox"/> AITM 2.0005	<input type="checkbox"/> BSS 7230 F6
Seat Cushion	<input type="checkbox"/> Part II	<input type="checkbox"/> AITM 2.0009	<input type="checkbox"/> BSS 7303
Cargo Liner	<input type="checkbox"/> Part III	<input type="checkbox"/> AITM 2.0010	<input type="checkbox"/> BSS 7323
Heat Release	<input type="checkbox"/> Part IV	<input type="checkbox"/> AITM 2.0006	<input type="checkbox"/> BSS 7322
Smoke Density	<input type="checkbox"/> Part V	<input type="checkbox"/> AITM 2.0007A <input type="checkbox"/> AITM 2.0007B <input type="checkbox"/> AITM 2.0008	<input type="checkbox"/> BSS 7238
Insulation Flame Propagation	<input type="checkbox"/> Part VI * [25.856(a)]	<input type="checkbox"/> AITM 2.0053	<input type="checkbox"/> BSS 7365
Insulation Flame Penetration	Part VII [25.856(b)] (not yet available **)	(not yet available **)	(not yet available **)
Combustion Toxicity	(no test cited)	<input type="checkbox"/> AITM 3.0005	<input type="checkbox"/> BSS 7239

FAA Aircraft Materials Fire Test Handbook:

- Chapter 12 – Power Plant Oil Burner Fire Penetration Test (2000°F)
- Chapter 18 – Airline Blanket Test

- * INDICATE TYPE:
- Standard Insulation
 - Taped Insulation
 - Mated (Hook & Loop; Double-Sided Tape; etc.)
 - Damping Material (Interface)

** Govmark plans to have this test available by June 2009.

OTHER TEST(S) REQUESTED: (Please specify): _____

IS WITNESSING OF TEST(S) and/or TEST EQUIPMENT REQUIRED ?:

- NO
- YES (please furnish details): _____
- _____
- _____

IS THERE A TEST PLAN NUMBER ? : NO; YES: Plan No. _____



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

Lot No.: _____ Date of Mfg.: _____

Style: _____

Composition: _____

Weight: _____ Density: _____ Thickness: _____

End Use Application: _____

Additional Information: _____

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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Please complete a separate form for each product submitted.