



GOVMARK

**SUBMITTAL FORM: INTERIOR FINISH**  
**“ Room Corner Fire Test” NFPA 265 or NFPA 286**

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

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

Textile Type Product;  Vinyl Type Product;  Cellular or Foamed Plastic

Other: \_\_\_\_\_

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

**PLEASE INDICATE END USE CONFIGURATION: \***

The product will be bonded to a wall  The product is self-supporting

The product will be used as a panel covering fabric  Other (please describe):

*\* This information is necessary, as it helps to determine the configuration of the test.*

**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 length 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  
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Federal EIN # 11 2237670

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