



Govmark

SUBMITTAL FORM:

CFR TITLE 16 PART 1632 TICKING SUBSTITUTION
To determine Class 'A', 'B' or 'C'

DATE: _____

DESCRIPTION OF TICKING (Covering Material) BEING SUBMITTED:

Ticking Style: _____

Supplier: _____

Fiber content: _____

Fabric weight (oz/yd²): _____

Thread Count: _____

Description of Topical Finish (if not used, indicate "None used"): _____

Description of Back Coating (if not used, indicate "None used"): _____

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

Note: Please mark each ticking with the product name/number
and mark the *FACE* of each ticking



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To determine Class 'A', 'B' or 'C'

	(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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