



Govmark

SUBMITTAL FORM: Mattress Flammability Testing

DATE: _____

TEST(S) REQUESTED:

- ASTM E 1590
- Boston Fire Dept. BFD IX-11
- California Technical Bulletin 121
- California Technical Bulletin 129
- NFPA 267
- Other

	(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
 e-mail: info@govmark.com

PLEASE BE SURE TO MARK EACH MATTRESS CLEARLY SO THAT IT MAY BE MATCHED UP WITH THE CORRECT SUBMITTAL FORM.

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



SUBMITTAL FORM: Mattress Flammability Testing

SUBMITTER'S IDENTIFICATION OF PRODUCT SUBMITTED: [] Mattress without Foundation

[] Mattress with Foundation

Style or Model No.: _____

DESCRIPTION OF COMPONENT MATERIALS:

For each component furnish supplier name, style, etc. If any component is not used, indicate "None used".

MATTRESS:

Covering Material (Ticking): * _____

Fire Blocking Layer (Interliner): _____

Filling Material(s): _____

Insulator Pad: _____

Core: _____

FOUNDATION: [] **Supplied (complete section below);** [] **Not Supplied**

Covering Material (Ticking): _____

Fire Blocking Layer (Interliner): _____

Other Material(s): _____

Please complete a separate form for each product submitted.