

ASTM E1537

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

**TEST/S REQUESTED:** ASTM E1537 & Choose:  Actual  
 Mock up  
 Fabric Screening  
 RAILWAY: 49 CFR Part 238 B, Footnote 3

**PRODUCT DESCRIPTION:** *The report that is issued by SGS Govmark is based on your product description.*

*Please describe your product as completely as possible.*

*Suggested parameters include but are not limited to:*

**Product Category:**  Chair;  Other: \_\_\_\_\_

Product Style or Model No.: \_\_\_\_\_ Upholstery Cover Material: \_\_\_\_\_

Fire Blocking Layer (if not used enter "None"): \_\_\_\_\_ Filling Material: \_\_\_\_\_

**When Filling material is supplied by SGS Govmark: (Fabric Screening) (select only one)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 117 Foam                          | <input type="checkbox"/> 133 Code Red FR Foam              | <input type="checkbox"/> Sandel Fire Blocker & CA 117 Foam |
| <input type="checkbox"/> Sandel Fire Blocker & CA 133 Foam | <input type="checkbox"/> Kevlar Fire Blocker & CA 117 Foam |  |

**DO YOU REQUIRE YOUR SAMPLES TO BE RETURNED TO YOU:**  NO;  YES      **CARRIER:** \_\_\_\_\_  
**ACCOUNT #:** \_\_\_\_\_

**LITIGATION:** *We need to know if the test is part of a lawsuit.*

**IS THIS TESTING PART OF ANY ACTUAL OR INTENDED LEGAL ACTION, CLAIM, OR SIMILAR ACTION?**  NO\*;  YES  
 \* Failure to answer will be considered "no".

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**CLIENT'S P.O. #:** *Optional. Only required if it is related to the proper processing of our invoice to you for payment.*

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**SPECIAL INSTRUCTIONS:** *All special instructions contained in your purchase order, such as testing modifications, extra report copies, invoice distribution, etc., must be repeated on this test order form.*

*Testing will be conducted as directed by this test order form which supersedes the purchase order.*

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**COMPANY DATA:** *Please complete all three columns. Where appropriate, "same" may be entered in Columns 2 and 3.*

*Unless otherwise instructed, all reports will be sent to the company identified in Column 1.*

	(1)	(2)	(3)
	COMPANY SUBMITTING SAMPLE	COMPANY TO APPEAR ON REPORT	COMPANY BILLING ADDRESS
Person's Name:			
Company Name:			
Address:			
Telephone #:			
E-mail:			

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**CLIENT UPDATE (OPTIONAL):**

Existing account;  New account

*In a few words, what brought you to SGS Govmark?* \_\_\_\_\_

\_\_\_\_\_

**SEND SAMPLES TO:**

**SGS GOVMARK  
96 ALLEN BOULEVARD, SUITE D  
FARMINGDALE, NY 11735 U.S.A.**

**Federal EIN # 27 4458985**

**Tel. +1 631-293-8944  
Fax +1 631-293-8956  
E-mail: [rosemary.billelo@sgs.com](mailto:rosemary.billelo@sgs.com)**

SAMPLES THAT ARE RECEIVED WITHOUT APPROPRIATE INFORMATION MAY BE DELAYED IN TESTING PENDING RECEIPT OF SUCH INFORMATION.

**NAME OF PERSON COMPLETING FORM:** \_\_\_\_\_

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