

AIRBUS

Please complete a separate form for each product submitted.

TEST(S) REQUESTED:

Category:	Airbus Directive ABD 0031 Test(s):	
Vertical (60 second)	<input type="checkbox"/> AITM 2.0002A	<i>Issue 3, Dec. 2013</i>
Vertical (12 second)	<input type="checkbox"/> AITM 2.0002B	<i>Issue 3, Dec. 2013</i>
Horizontal	<input type="checkbox"/> AITM 2.0003	<i>Issue 2, March 2009</i>
45 Degree	<input type="checkbox"/> AITM 2.0004	<i>Issue 1, Oct. 1993</i>
60 Degree	<input type="checkbox"/> AITM 2.0005	<i>Issue 1A, Oct. 1993</i>
Rate of Heat Release (OSU)	<input type="checkbox"/> AITM 2.0006	<i>Issue 3, May 2011</i>
Smoke Density	<input type="checkbox"/> AITM 2.0007A (Flaming Mode)	<i>Issue 3, April 2009</i>
	<input type="checkbox"/> AITM 2.0007B (Flaming & Non Flaming Modes)	<i>Issue 3, April 2009</i>
	<input type="checkbox"/> AITM 2.0008 (Wire & Cable, Flaming & Non Flaming Modes)	<i>Issue 4, April 2009</i>
Oil Burner Seat Cushion	<input type="checkbox"/> AITM 2.0009	<i>Issue 2, Jan. 2012</i>
Oil Burner Cargo Liner	<input type="checkbox"/> AITM 2.0010: <input type="checkbox"/> Sidewall; <input type="checkbox"/> Ceiling; <input type="checkbox"/> Sidewall & Ceiling	<i>Issue 2, Aug. 2015</i>
Heat Shrink Tubing (60 Degree)	<input type="checkbox"/> AITM 2.0038	<i>Issue 1, June 1996</i>
Insulation Flame Propagation	<input type="checkbox"/> AITM 2.0053	<i>Issue 2, April 2009</i>
Insulation Burnthrough	<input type="checkbox"/> AITM 2.0056	<i>Issue 1, Jan. 2009</i>
Combustion Toxicity	<input type="checkbox"/> AITM 3.0005: <input type="checkbox"/> Flaming Mode; <input type="checkbox"/> Non Flaming Mode <input type="checkbox"/> Wire & Cable (Flaming & Non Flaming Modes)	<i>Issue 2 June 2011</i>

Unless otherwise requested, Airbus tests are reported to requirements ABD0031 Issue: G.

NOTE: SGS Govmark maintains versions of documents it believes to be current and periodically makes attempts to confirm this. In the interest of maintaining this policy, please confirm to SGS Govmark the version/date of the document to which you are being held to be in compliance with.

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

NO; YES (please furnish details): _____

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

SAMPLES ARE BEING TESTED FOR: Product Development Release Testing
 Screening Tests Other (describe): _____

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Additional Information Required for AITM 2.0008
Table 1: Wire & Cable

I Classify my Wire & Cable Product as (check one only):

Electrical wire and cable with the exception of electrical wire and cable for data transmission and RF-transmission lines installed as a single line or in harnesses

Non-electrical cable used for optical signal transmission installed in harnesses including power supply > 15 A

Non-electrical cable used for optical signal transmission installed as a single line or in harnesses without power supply ≤ 15 A

Electrical wire and cable used for data transmission and RF transmission lines installed in harnesses with a power supply >15 A

Electrical wire and cable used for data transmission and RF transmission lines installed as a single line or in harnesses with a power supply ≤ 15 A

Additional Information Required for AITM 2.0053

Product Type to Be Tested:	Number of Piece(s) of Each Product Required:
<input type="checkbox"/> Insulation Batts:	13 pieces: 23.0" x 12.5"
<input type="checkbox"/> Foams:	13 pieces: 23.0" x 11.5"
<input type="checkbox"/> Damping Parts:	13 pieces: 4" x 12"
<input type="checkbox"/> Hook and Loop:	13 pieces: 4" x 12" <i>[Sketch available upon request.]</i>
<input type="checkbox"/> Tape:	13 pieces: 23.0" x 12.5" <i>[Sketch available upon request.]</i>
<input type="checkbox"/> Other (<i>Please describe</i>): _____	

Additional Information Required for AITM 2.0056

<u>Clamp Support System Requested:</u>	<input type="checkbox"/> Standard Weight Material (12 horizontal clamps) <input type="checkbox"/> Light Weight Material (12 horizontal clamps and 4 vertical clamps)
<u>Specimen Set Installation:</u>	<input type="checkbox"/> Standard <input type="checkbox"/> Alternate: <i>Please specify procedure:</i> _____ _____ _____ _____

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PRODUCT DESCRIPTION: *The report that is issued by SGS Govmark is based on your product description. SGS Govmark suggests that this information be as detailed as possible. Suggested parameters include but are not limited to:*

Lot No.: _____ Date of Mfg.: _____

Style: _____

Composition: _____

Weight: _____ Density: _____ Thickness or Diameter: _____

Product End Use: _____

Additional Information: _____

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".

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

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:			

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 11735-5626 U.S.A.**

Federal EIN # 27 4458985

Tel. +1 631-293-8944

Fax +1 631-293-8956

E-mail: 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:** _____