

BOEING

Please complete a separate form for each product submitted.

TEST(S) REQUESTED:

Category:	Boeing Test(s):
Vertical (60 second)	<input type="checkbox"/> BSS 7230 F1
Vertical (12 second)	<input type="checkbox"/> BSS 7230 F2
Horizontal	<input type="checkbox"/> BSS 7230 F3 (2.5"); <input type="checkbox"/> BSS 7230 F4 (4.0")
45 Degree (Cargo Floors)	<input type="checkbox"/> BSS 7230 F5
60 Degree	<input type="checkbox"/> BSS 7230 F6 (BSS 7324)
Smoke Density	<input type="checkbox"/> BSS 7238: <input type="checkbox"/> Flaming Mode (Mandatory); <input type="checkbox"/> Non Flaming Mode (Optional) <input type="checkbox"/> Wire & Cable, Flaming & Non Flaming Modes
Combustion Toxicity	<input type="checkbox"/> BSS 7239: <input type="checkbox"/> Flaming Mode (Mandatory); <input type="checkbox"/> Non Flaming Mode (Optional)
Oil Burner Seat Cushion Fire Blocking	<input type="checkbox"/> BSS 7303
Rate of Heat Release (OSU)	<input type="checkbox"/> BSS 7322
Oil Burner Cargo Liner	<input type="checkbox"/> BSS 7323: <input type="checkbox"/> Sidewall; <input type="checkbox"/> Ceiling; <input type="checkbox"/> Sidewall & Ceiling
Power Plant Flame Penetration	<input type="checkbox"/> BSS 7338: <input type="checkbox"/> Fire Resistant; <input type="checkbox"/> Fireproof
Insulation Flame Propagation	<input type="checkbox"/> BSS 7365
Insulation Burnthrough	<input type="checkbox"/> BSS 7387

OTHER TEST(S) REQUESTED: (Please specify): _____

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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TEST ORDER FORM (Page 2 of 4)

Additional Information Required for BSS 7365

<u>Product Type to Be Tested:</u>	<u>Number of Piece(s) of Each Product Required:</u>
<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 BSS 7387*

<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> _____ _____ _____ _____

* Standard support and standard installation will be used in the absence of instructions.

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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: _____

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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BOEING

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 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:** _____