

CALIFORNIA TECHNICAL BULLETIN 117-2013

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

**COMPONENT TEST IDENTIFICATION:** *Please provide below as much information as possible for each component test requested.*

**Section 1: Cover Materials**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2: Barrier Materials**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3: Filling Materials**

Solid Foam: \_\_\_\_\_

\_\_\_\_\_

Batting: \_\_\_\_\_

\_\_\_\_\_

Shredded or loose filling material/Ticking: \_\_\_\_\_

\_\_\_\_\_

**Section 4: Decking**

Material: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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.*

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