

FAA

Please complete a separate form for each product submitted.

TEST(S) REQUESTED:

Category:	FAR Part 25 Appendix F Test(s):
Vertical (12 second)	<input type="checkbox"/> Part I (a) (1) (ii)
Vertical (60 second)	<input type="checkbox"/> Part I (a) (1) (i)
Horizontal	<input type="checkbox"/> Part I (a) (1) (iv) (2.5"); <input type="checkbox"/> Part I (a) (1) (v) (4.0")
45 Degree (Cargo Floors)	<input type="checkbox"/> Part I (a) (2) (iii)
60 Degree	<input type="checkbox"/> Part I (a) (3)
Oil Burner Seat Cushion Fire Blocking	<input type="checkbox"/> Part II
Oil Burner Cargo Liner	<input type="checkbox"/> Part III: <input type="checkbox"/> Sidewall; <input type="checkbox"/> Ceiling; <input type="checkbox"/> Sidewall & Ceiling
Rate of Heat Release (OSU)	<input type="checkbox"/> Part IV
Smoke Density (Flaming Mode)	<input type="checkbox"/> Part V
Insulation Flame Propagation	<input type="checkbox"/> Part VI
Insulation Burnthrough	<input type="checkbox"/> Part VII
Combustion Toxicity	<i>No Test Cited</i>

Category:	FAA Aircraft Materials Fire Test Handbook Test(s):
Power Plant Oil Burner Fire Penetration	<input type="checkbox"/> Chapter 12: <input type="checkbox"/> Fire Resistant; <input type="checkbox"/> Fireproof
90° Burn	<i>Available on Separate Order Form</i>
Airline Blanket	<input type="checkbox"/> Chapter 18
Proposed Ducting	<i>Available on Separate Order Form</i>

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. _____

-- Continued on Page 2 --

FAA

TEST ORDER FORM (Page 2 of 4)

Additional Information Required for FAR Part 25 Appendix F: Part VI

<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 FAR Part 25 Appendix F: Part VII

<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> _____ _____ _____ _____

-- Continued on Page 3 --

FAA

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.*

-- Continued on Page 4 --

FAA

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:** _____