

ISO 8191

Please complete a separate form for each product submitted.

TEST/S REQUESTED:

- ISO 8191 – Cigarette
- ISO 8191 – Butane Flame

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

Cover Fabric:

- Client's Cover Fabric: _____

- Standard Cover Fabric: 100% inherently flame retardant polyester fabric, approx.. 220 g/m²

Fire Blocking Layer: _____

Filling Materials:

- Non flame retardant flexible polyether foam, 22 kg/m³ (1.4 lb/ft³)
- Flame retardant polyurethane foam, Code Red II 35, 46.7 kg/m³ (2.9 lb/ft³)
- Non flame retardant flexible polyether foam, 22 kg/m³ (1.4 lb/ft³) wrapped with Unigard fire blocking material
- Client's Filling Material: _____

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.*

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**

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

NAME OF PERSON COMPLETING FORM: _____

DATE: _____