

CFR 1633 & CFR 1632

Please complete a separate form for each product submitted.

TEST/S REQUESTED:

CFR Title 16 Part 1633 (open flame): [Required compliance date: July 1, 2007.]

- Qualified Prototype (3 mattress sets)**
- Confirming Prototype (1 mattress set)
- Production Quality Assurance (1 mattress set)
- Experimental
- Subordinate Prototype (1 mattress set)
 - Ticking Substitution
 - Other Component Substitution; Explain: _____
 - Manufacturer Specification Change; Explain: _____
- Objective Data Prototype; Explain: _____

CFR Title 16 Part 1632 (cigarette ignition):

- Prototype (2 surfaces)¹**
- Production Quality Assurance (2 surfaces)¹
- Experimental

The tests in bold type are the required minimum tests.

Notes:

1. CFR 16 Part 1632: If the top surface and bottom surface are not exactly the same, submit 2 mattresses.
2. CFR Title 16 Part 1633: Mattresses with a foundation and mattresses without a foundation are both described as "mattress sets." The sale of mattresses tested without foundations might be limited to that configuration.
3. CFR Title 16 Part 1633 permits testing of twin-size sets, even if sales sizes are larger. If sales sizes are smaller than a twin-size (such as a crib mattress), the largest size of the product must be tested.

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PRODUCT IDENTIFICATION: Mattress with Foundation; Mattress without Foundation

DESCRIPTION OF COMPONENT MATERIALS: *For each component furnish supplier name, style, etc. If any component is not used, indicate "None used".*

Style or Model #: _____

MATTRESS:

Identification #*: _____

Type: Smooth; Tufted; Quilted; Other: _____

Covering Material (Ticking): ** _____

Fire Blocking Layer (Interliner): _____

Filling Material(s): _____

Insulator Pad: _____

Core: _____

FOUNDATION: Supplied (complete section below); Not Supplied

Identification #*: _____

Covering Material (Ticking): _____

Fire Blocking Layer (Interliner): _____

Other Material(s): _____

* The standard requires that a unique identification be assigned to all prototype and production mattress sets. This number should be listed here. The client has the responsibility to show in his own internal records the controlling identification number, i.e. a subordinate prototype, confirmed prototype, or production mattress set must list its own Identification Number and the Identification Number of the Qualified Prototype on which it is based.

** For CFR Title 16 Part 1632 tests, please include the Ticking Classification (i.e. Class "A", Class "B" or Class "C").

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

NO; YES (please furnish details): _____

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.

PLEASE BE SURE TO MARK EACH MATTRESS CLEARLY SO THAT IT MAY BE MATCHED UP WITH THE CORRECT SUBMITTAL FORM.

All customers are required to contact the following SGS Govmark staff member to schedule delivery of any mattresses: Mr. Bobby Brown, ext. 406, bobby.brown@sgs.com.

NAME OF PERSON COMPLETING FORM: _____ **DATE:** _____