

**TENT FLAMMABILITY**

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

- TEST/S REQUESTED:**
- California Title 19
  - CPAI 84
    - Wall/Top Material
    - Flooring Material
  - Health Canada
    - Wall/Top Material
    - Flooring Material
  - NFPA 701 Test Method 2 – Flat Sheet Configuration

- MATERIAL IS TO BE TESTED:**
- As received (initial test)
  - After 72 hours water leaching
  - After 100 hours accelerated weathering

**PRODUCT DESCRIPTION:** *The report that is issued by SGS Govmark is based on your product description.*

*Please describe your product as completely as possible.*

*Suggested parameters include but are not limited to:*

- Tent Material;  Actual Tent

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”.

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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.*

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