

U.S. RAILCAR/PUBLIC TRANSIT VEHICLES

Please complete a separate form for each product submitted.

- TEST REQUESTED:**
- FAA 12 Sec Vertical
 - ASTM E162
 - ASTM E662
 - ASTM E1354
 - ASTM E648
 - BSS 7239
 - SMP 800C
 - ASTM C1166
 - DOCKET 90 Fabrics (includes FAA 12 Sec and ASTM E662 Smoke)
 - ASTM 3675 and Choose:
 - Initial
 - Dynamic Fatigue ASTM D3574 Procedure B
 - Water Leaching
 - ASTM E 119

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: *Identify the product on the "Product Selection List" on Page 2.*

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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TEST ORDER FORM (Page 2 of 4)

PRODUCT SELECTION LIST: *Identify the product end use.*

Category	Function of Material	Category	Function of Material
Seating	<input type="checkbox"/> Cushion	Panels	<input type="checkbox"/> Wall
	<input type="checkbox"/> Frame		<input type="checkbox"/> Ceiling
	<input type="checkbox"/> Shroud		<input type="checkbox"/> Partition
	<input type="checkbox"/> Upholstery – Coated		<input type="checkbox"/> Windscreen
	<input type="checkbox"/> Upholstery - Uncoated	Other Vehicle Components	<input type="checkbox"/> Toilet Shrouds
Fabrics	<input type="checkbox"/> Seat Upholstery		<input type="checkbox"/> Trays
	<input type="checkbox"/> Mattress Ticking & Covers		<input type="checkbox"/> Tables
	<input type="checkbox"/> Curtains		<input type="checkbox"/> End Caps
	<input type="checkbox"/> Draperies		<input type="checkbox"/> Roof Housings
	<input type="checkbox"/> Wallcoverings		<input type="checkbox"/> Component Boxes & Covers
	<input type="checkbox"/> Window Shades		<input type="checkbox"/> Foams
Elastomers	<input type="checkbox"/> Window Gaskets		<input type="checkbox"/> HVAC ducting
	<input type="checkbox"/> Door Nosings		<input type="checkbox"/> Floor Covering
	<input type="checkbox"/> Inter-car Diaphragms		<input type="checkbox"/> Light Diffusers
	<input type="checkbox"/> Roof Mats		<input type="checkbox"/> Windows
	<input type="checkbox"/> Seat Springs	<input type="checkbox"/> Transparent Plastic Windscreens	
Insulation	<input type="checkbox"/> Thermal		
	<input type="checkbox"/> Acoustic		

This product is being tested to comply with:

- Buses and vans (Docket 90)
- Rail Passenger Cars
 - FRA 49 CFR 238
 - NFPA 130
- Other (Please indicate): _____

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TEST ORDER FORM (Page 3 of 4)

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: _____