

**WTC BUILDING CONTENTS**

**Item #4. Interior Finish – NFPA 286**

Select the test/s to be conducted and fill out the product description below. Please complete a separate form for each product submitted.

- TEST(S) REQUESTED:**  NFPA 286 – Room Corner  
 Screening Test  
 Fully Lined Room Test

**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:*

Lot No.: \_\_\_\_\_ Date of Mfg.: \_\_\_\_\_

Style: \_\_\_\_\_

Composition: \_\_\_\_\_

Weight: \_\_\_\_\_ Density: \_\_\_\_\_ Thickness: \_\_\_\_\_

Product End Use: \_\_\_\_\_

Installation Site (*city and state, if known*): \_\_\_\_\_

Additional Information: \_\_\_\_\_

**PLEASE INDICATE END USE CONFIGURATION\*:**

- The product will be bonded to a gypsum (sheetrock) wall
- The product will be used on a non-combustible surface
- The product will be used as a panel covering fabric
- The product is self-supporting
- The product is a site-fabricated stretch system
- Other (please describe): \_\_\_\_\_

**\*This information is necessary, as it helps to determine the configuration and mounting means of the test. Certain codes require certain test configurations.**

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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.*

	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>
	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:** \_\_\_\_\_