



TEST ORDER FORM

UK UPHOLSTERED FURNITURE SAFETY REGULATION

SGS Govmark Testing Services provides test information forms online for your convenience. The forms are in PDF format and require Adobe® Reader® to view or print. If you do not have the full version of Adobe® Acrobat®, kindly fax the completed test order form to us, or scan the form and email it to us. Be sure to enclose a copy of this completed test order form along with your samples.

Please complete a separate form for each product submitted.

TEST(S) REQUESTED:	Component:	Required Ignition Source:
	Fabric	#0 (smouldering cigarette)
	Fabric	#1 (20 seconds butane flame)
	Invisible material	#1 (20 seconds butane flame)
	Latex rubber foam	#2 (40 seconds butane flame)
	Non Foam filling material	#2 (40 seconds butane flame)
	Interliner	#5 (17 gram wooden crib)
	Foam filling material	#5 (17 gram wooden crib)

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: _____

Additional Information: _____

FOR COVER FABRIC SUBMITTALS: Should we water soak your cover fabric? No Yes

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. COMPANY SUBMITTING SAMPLE 2. COMPANY TO APPEAR ON REPORT 3. COMPANY BILLING ADDRESS

Person's Name:

Company Name:

Address:

Telephone #:

E-mail:

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:

GOVMARK IS NOW PART OF SGS, THE WORLD'S LEADING INSPECTION, VERIFICATION, TESTING AND CERTIFICATION COMPANY.