

TEST ORDER FORM MAJOR REPAIR/ALTERATION

Vertical, Horizontal, Heat Release, Smoke Density and Wire Testing

Select Flammability Package Option: 8110-3 + Test Results Only 8110-3 + Detailed Report
(See price sheet for more details)

Your Information:

Name: _____ Company: _____
Address: _____ City, State, Zip: _____
Email: _____ Phone Number: _____
Purchase Order: _____ Data in Support of: Major Repair Major Alteration

Aircraft Information:

Make: _____ Model: _____ Serial: _____ Registration: _____
Operational Type: Part 91 (General) Part 135 (Commuter/On-Demand) Part 121 (Scheduled Carrier)

Detailed Description of Project:

*(Example: 6 Single & Double Seats:
Dress Cover change only. 2 Divans:
Dress Cover & Foam change. Headliner
and carpet replaced.)*

Special Instructions:

By signing below, I certify all information submitted in this package is true and correct to the best of my knowledge.

Signature

Date

Please mail the following items to the address listed at the top of this form.

1. A copy of this page.
2. One copy of the next page for each test sample type being submitted.
3. Drawings, Sketches, or Detailed Descriptions of the Production Items that these test samples represent if different than the sample buildup.
4. Traceability for each layer or material. (e.g. Invoices, Packing Lists, Certificates, etc.)
5. Test samples. (Must meet the requirements of the applicable regulation. Contact us if you need guidance.)

Test Samples

(attach as many copies of this page as necessary)

Test Sample # _____																																																																		
Description: _____																																																																		
How is this item used in the aircraft? _____ <i>(e.g. cabinet panel, dress cover, headliner, floor covering, etc.)</i>																																																																		
Where is this item used in the aircraft? _____ <i>(e.g. cabin, crew, lav, cargo)</i>																																																																		
Test Type:																																																																		
<input type="checkbox"/> Vertical (12-s) <input type="checkbox"/> Vertical (60-s) <input type="checkbox"/> Horizontal <input type="checkbox"/> Heat Release <input type="checkbox"/> Smoke Density <input type="checkbox"/> Not Sure (help me decide) <input type="checkbox"/> Other (specify): _____																																																																		
Sample Description. Describe your test sample below. Not all information is required; only fill out what you can. Attach additional sheets as needed.																																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 8%;">Layer</th> <th style="width: 25%;">Description</th> <th style="width: 25%;">Manufacturer</th> <th style="width: 20%;">Part Number</th> <th style="width: 20%;">Lot Number</th> <th style="width: 22%;">New or Simulated Material?</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> New <input type="checkbox"/> Simulated</td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> New <input type="checkbox"/> Simulated</td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> New <input type="checkbox"/> Simulated</td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> New <input type="checkbox"/> Simulated</td></tr> <tr><td style="text-align: center;">5</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> New <input type="checkbox"/> Simulated</td></tr> <tr><td style="text-align: center;">6</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> New <input type="checkbox"/> Simulated</td></tr> <tr><td style="text-align: center;">7</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> New <input type="checkbox"/> Simulated</td></tr> <tr><td style="text-align: center;">8</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> New <input type="checkbox"/> Simulated</td></tr> <tr><td style="text-align: center;">9</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> New <input type="checkbox"/> Simulated</td></tr> <tr><td style="text-align: center;">10</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> New <input type="checkbox"/> Simulated</td></tr> </tbody> </table>	Layer	Description	Manufacturer	Part Number	Lot Number	New or Simulated Material?	1					<input type="checkbox"/> New <input type="checkbox"/> Simulated	2					<input type="checkbox"/> New <input type="checkbox"/> Simulated	3					<input type="checkbox"/> New <input type="checkbox"/> Simulated	4					<input type="checkbox"/> New <input type="checkbox"/> Simulated	5					<input type="checkbox"/> New <input type="checkbox"/> Simulated	6					<input type="checkbox"/> New <input type="checkbox"/> Simulated	7					<input type="checkbox"/> New <input type="checkbox"/> Simulated	8					<input type="checkbox"/> New <input type="checkbox"/> Simulated	9					<input type="checkbox"/> New <input type="checkbox"/> Simulated	10					<input type="checkbox"/> New <input type="checkbox"/> Simulated
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Other Info (e.g. bonding material, etc.):																																																																		

Statement of Conformity

I certify that these test samples represent the “as installed” configuration. These samples use the same materials, manufacturing process, and assembly process as the repair or alteration. Agree Disagree

FAA Form 8130-9

Based on my certification above, I authorize Aeroblaze Laboratory Inc. to complete and sign FAA Form 8130-9 “Statement of Conformity” as a certifying agent for our organization Agree Disagree