

## TEST ORDER FORM

SMALL AIRCRAFT: MAINTENANCE OR MINOR REPAIR/ALTERATION

**Your Information:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Aircraft Information:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial: \_\_\_\_\_ Registration: \_\_\_\_\_

### Test Sample #1

**Represents:** (be specific) \_\_\_\_\_  
(e.g. Cabinet Panel, Upholstery for Crew Seat, Headliner, etc.)

**Test Type:**

- 12-second Vertical    
  60-second Vertical    
  2.5"/min Horizontal    
  4.0"/min Horizontal  
 20"/min Horizontal    
  Other (specify): \_\_\_\_\_    
  Not Sure (we'll decide)

**Describe your test sample below. Not all information is required; only fill out what you can. Attach additional sheets as needed.**

Layer	Description	Manufacturer	Part Number	Lot Number	Other
1					
2					
3					
4					
5					

**Other Info** (e.g. bonding material, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

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

1. A copy of this form
2. For each material being tested, send three samples: 3 inches x 12 inches
3. A check made payable to Aeroblaze Laboratory (or contact us to pay with a credit card). The cost is \$75 per material.

## Additional Test Samples (if needed)

Test Sample # _____					
<b>Represents:</b> (be specific) _____ <div style="text-align: right; margin-top: 5px;">(e.g. Cabinet Panel, Upholstery for Crew Seat, Headliner, etc.)</div>					
<b>Test Type:</b> <input type="checkbox"/> 12-second Vertical <input type="checkbox"/> 60-second Vertical <input type="checkbox"/> 2.5"/min Horizontal <input type="checkbox"/> 4.0"/min Horizontal <input type="checkbox"/> 20"/min Horizontal <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Not Sure (we'll decide)					
<b>Describe your test sample below. Not all information is required; only fill out what you can. Attach additional sheets as needed.</b>					
Layer	Description	Manufacturer	Part Number	Lot Number	Other
1					
2					
3					
4					
5					
<b>Other Info</b> (e.g. bonding material, etc.): <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>					

Test Sample # _____					
<b>Represents:</b> (be specific) _____ <div style="text-align: right; margin-top: 5px;">(e.g. Cabinet Panel, Upholstery for Crew Seat, Headliner, etc.)</div>					
<b>Test Type:</b> <input type="checkbox"/> 12-second Vertical <input type="checkbox"/> 60-second Vertical <input type="checkbox"/> 2.5"/min Horizontal <input type="checkbox"/> 4.0"/min Horizontal <input type="checkbox"/> 20"/min Horizontal <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Not Sure (we'll decide)					
<b>Describe your test sample below. Not all information is required; only fill out what you can. Attach additional sheets as needed.</b>					
Layer	Description	Manufacturer	Part Number	Lot Number	Other
1					
2					
3					
4					
5					
<b>Other Info</b> (e.g. bonding material, etc.): <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>					