



# TEST ORDER FORM

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

**Description:** (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  
 Oil Burn for Seat Cushion (Fireblock)   
  Other (specify): \_\_\_\_\_

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.):  
\_\_\_\_\_  
\_\_\_\_\_

### Special Instructions:

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

- A copy of this form.**
- Test samples.** (Must meet the requirements of the applicable regulation. Contact us if you need guidance.)
- Optional Data.** (Relevant Drawings, Photographs, Sketches, Purchase Orders, Material Data Sheets, etc.)

**For Aeroblaze Internal Use Only:** Job #: \_\_\_\_\_ Certification Basis: \_\_\_\_\_

## Additional Test Samples *(if needed)*

Test Sample # _____					
<b>Description:</b> (be specific) _____ <div style="text-align: right; margin-right: 50px;">(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"/> Oil Burn for Seat Cushion (Fireblock) <input type="checkbox"/> Other (specify): _____					
<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.): _____ _____ _____					

Test Sample # _____					
<b>Description:</b> (be specific) _____ <div style="text-align: right; margin-right: 50px;">(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"/> Oil Burn for Seat Cushion (Fireblock) <input type="checkbox"/> Other (specify): _____					
<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.): _____ _____ _____					