

## TEST ORDER FORM

TESTING ONLY (NON-CERTIFICATION TESTING)

### Your Information:

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

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

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

Purchase Order: \_\_\_\_\_

### Test Sample #1

#### Select Test Type:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Vertical (12-sec)      | <input type="checkbox"/> Oil Burn for Seat Cushion | <input type="checkbox"/> Insulation Propagation          |
| <input type="checkbox"/> Vertical (60-sec)      | <input type="checkbox"/> Oil Burn for Cargo Liner  | <input type="checkbox"/> Insulation Burnthrough          |
| <input type="checkbox"/> Horizontal             | <input type="checkbox"/> Heat Release              | <input checked="" type="checkbox"/> Combustion Toxicity: |
| <input type="checkbox"/> 45-Degree              | <input checked="" type="checkbox"/> Smoke Density: | <input type="checkbox"/> Flaming Mode                    |
| <input type="checkbox"/> 60-degree              | <input type="checkbox"/> Flaming Mode              | <input type="checkbox"/> Non-Flaming Mode                |
|   | <input type="checkbox"/> Non-Flaming Mode          | <input type="checkbox"/> Powerplant Fire Penetration     |
| <input type="checkbox"/> Other (specify): _____ |  |  |

#### Special Instructions: (e.g. Specific regulation, Test Plan number, Airbus/Boeing Method, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Description of Test Sample: (e.g. Part No., Lot, Style, Composition, Build-up, Weight, Density, Thickness, End Use, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1. A copy of this form.
2. Test samples. (Must meet the requirements of the applicable regulation. Contact us if you need guidance.)
3. Purchase Order. (Optional)

For Aeroblaze Internal Use Only: Job #: \_\_\_\_\_

## Additional Test Samples *(if needed)*

Test Sample # _____					
<p><b>Select Test Type:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Vertical (12-sec)  <input type="checkbox"/> Vertical (60-sec)  <input type="checkbox"/> Horizontal  <input type="checkbox"/> 45-Degree  <input type="checkbox"/> 60-degree   <input type="checkbox"/> Other (specify): _____                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Oil Burn for Seat Cushion  <input type="checkbox"/> Oil Burn for Cargo Liner  <input type="checkbox"/> Heat Release                      Smoke Density:  <input type="checkbox"/> Flaming Mode  <input type="checkbox"/> Non-Flaming Mode                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Insulation Propagation  <input type="checkbox"/> Insulation Burnthrough                      Combustion Toxicity:  <input type="checkbox"/> Flaming Mode  <input type="checkbox"/> Non-Flaming Mode  <input type="checkbox"/> Powerplant Fire Penetration                 </td> </tr> </table>			<input type="checkbox"/> Vertical (12-sec) <input type="checkbox"/> Vertical (60-sec) <input type="checkbox"/> Horizontal <input type="checkbox"/> 45-Degree <input type="checkbox"/> 60-degree  <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Oil Burn for Seat Cushion <input type="checkbox"/> Oil Burn for Cargo Liner <input type="checkbox"/> Heat Release Smoke Density: <input type="checkbox"/> Flaming Mode <input type="checkbox"/> Non-Flaming Mode	<input type="checkbox"/> Insulation Propagation <input type="checkbox"/> Insulation Burnthrough Combustion Toxicity: <input type="checkbox"/> Flaming Mode <input type="checkbox"/> Non-Flaming Mode <input type="checkbox"/> Powerplant Fire Penetration
<input type="checkbox"/> Vertical (12-sec) <input type="checkbox"/> Vertical (60-sec) <input type="checkbox"/> Horizontal <input type="checkbox"/> 45-Degree <input type="checkbox"/> 60-degree  <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Oil Burn for Seat Cushion <input type="checkbox"/> Oil Burn for Cargo Liner <input type="checkbox"/> Heat Release Smoke Density: <input type="checkbox"/> Flaming Mode <input type="checkbox"/> Non-Flaming Mode	<input type="checkbox"/> Insulation Propagation <input type="checkbox"/> Insulation Burnthrough Combustion Toxicity: <input type="checkbox"/> Flaming Mode <input type="checkbox"/> Non-Flaming Mode <input type="checkbox"/> Powerplant Fire Penetration			
<p><b>Special Instructions:</b> <i>(e.g. Specific regulation, Test Plan number, Airbus/Boeing Method, etc.)</i></p> <hr/> <hr/> <hr/>					
<p><b>Description of Test Sample:</b> <i>(e.g. Part No., Lot, Style, Composition, Build-up, Weight, Density, Thickness, End Use, etc.)</i></p> <hr/> <hr/> <hr/>					