



Testing Application Form

Company Name:	
Address:	Sampling Address:
Contact Name:	Contact Name:
Telephone:	Telephone:
Fax:	Fax:
E-Mail:	E-mail:

Product Name:	
Date product manufactured:	
Number of cases in test lot:	Number of finished items per case:
Packaging:	
Sample request pick up date:	
Comments:	

Category:	Product Name:	Model Number:	Test Lot ID:
A. Aerial Mine and Shell Inserts			
B. Reloadable tube Aerial Shell Insert			
C. Reloadable Tube Aerial Shell Tube			
D. Missile Component			
E. Sparkler Components			
F. Other (as approved by AFSL):			

Note: "F. Other" must include all products completely manufactured domestically within the US.

Applicant Authorization:

Client Signature:	Printed Name:	Date:
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Submit this completed Test Request Form to:

SGS Consumer Testing Services, 291 Fairfield Ave, Fairfield, NJ 07004 Attn. Gladys Concepcion Phone: (973) 461-7930 Fax: (973) 575-7175 eMail: Gladys.Concepcion@SGS.com

FOR SGS USE ONLY	DATE STAMP:
AFSL sticker numbers to be used per lot: From: To:	
Number of samples to be taken:	
Scheduled sampling date:	
Sample receive date:	
Date Certified:	
Lot Identification Number assigned:	Sample shipped date:
Date AFSL stickers attached:	Freight carrier name:
Comments:	Tracking no./ BOL no.