Assortment Certification Request Form

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

Sample Name:
Item Number:
AFSL sticker numbers to be used per lot: From: To:
AFSL sticker numbers to be used per lot: From: To: (if required)
Number of cases in finished assortment lot:

Importer must provide the following information:				
Item Name:	Date of Manufacture:	Model Number:	AFSL Lot Number:	EX Number:

Note: In lieu of including this information here, Importers can attach any other relevant documentation (examples can be: Shipping Reports and/or Inventory Reports) that will include this detail at minimum.

Applicant Authorization:

Controller Signature:	Printed Name:	Date:

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

SGS USE ONLY	**DATE STAMP:**
Comments:	