



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	Date of	Model	AFSL	EX
Name:	Manufacture:	Number:	Lot Number:	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:

Bureau Veritas Consumer Pro	ducts Services Attn: Joanna Bates	
Phone: 716-505-3686 Fax: 716-505-3301	Email: booking_cpsibuf@us.bureauveritas.com	

BV USE ONLY	DATE STAMP:
Comments:	