



No. : \_\_\_\_\_

**HAZARDOUS PRODUCTS TESTING APPLICATION**

Applicant:

Address:

Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Product Description:

Style / Item No.:

Buyer:

P.O. / Ref. No.:

Manufacturer:

Country of Origin:

Supplier:

Country / State of Destination:

Test(s) required: (Please tick appropriate box(es) and delete (\*) as necessary.)

**HAZARDOUS PRODUCTS TESTING**

- ISO / DIS 9994
- ISO / DIS 9994, without precondition
  - Clause 4.4.1 Resistance to dropping
  - Clause 4.5.1 Resistance to elevated temperature
  - Clause 4.6 Resistance to internal pressure
- Others : \_\_\_\_\_

Type of Service:     Regular (5 – 7 working days)     Express (3 – 4 working days)     Double Express (1 – 2 working days)

Please tick the bracket if you want us to return the samples after test. (    )

\_\_\_\_\_  
 Authorized Signature with Company Chop

\_\_\_\_\_  
 Date