



**BUREAU  
VERITAS**



### 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:

<b>Bureau Veritas Consumer Products Services    Attn: Joanna Bates</b> <b>Phone: 716-505-3686 Fax: 716-505-3301    Email: booking_cpsibuf@us.bureauveritas.com</b>
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FOR BV 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:	
Date AFSL stickers attached:	Sample shipped date:
Comments:	Freight carrier name:
	Tracking no./ BOL no.