



Developmental Testing Submittal Form

Company: _____
Address: _____

Date: _____
PO Number: _____
Project Number: _____

Contact: _____
Phone: _____
Fax: _____
Email: _____

Additional _____
Contacts: _____

Pattern Name: _____
Color: _____
Content: _____

Pattern Number: _____
Treatment (Finish): _____
Notes: _____

Desired Tests:

(Check all that apply)

- California Tech Bulletin 117
- NFPA 260 / UFAC
- NFPA 701: Test #1
- Brush Pill: ASTM D3511
- Seam Slippage: ASTM D4034
- Wyzenbeek: ASTM D4157

For Lab Staff Only	
Meets:	Does Not Meet:
_____	_____
_____	_____
_____	_____
_____ (≥ 3.0)	_____ (< 3.0)
_____ (≥25 lbf.)	_____ (<25 lbf.)
_____ <15,000	
_____ 15,000	
_____ 30,000	
_____ _____	

Note: These results are for developmental purposes only. This document will serve as the only record of testing; no certificates will be issued based upon these results. If certified results are desired, please contact the lab to arrange testing.