



Quality Accuracy Assurance

Fenestration Testing Laboratory, Inc.

8148 N.W 74th Avenue Medley, FL 33166 Phone: (305) 885-3328 Fax: (305) 885-3329 Toll free: (844) FTL-TEST (385-8378)

E-mail: clientservices@ftl-inc.com Web: www.ftl-inc.com

LABORATORY PROJECT

Dynamic Testing

This Line for Laboratory Use Only:		Project Number:			Date:	
Testing Standards:	AAMA	ASTM	TAS	Other:		
Certifying Agency:	FBC	Miami Dade County		Keystone	WDMA	ALI
	ICC	Other:				
Testing Protocols:	Yes	No	Testing Requested By:			
Expected Commencement Test Date:				Is There a Project Deadline?	No	Yes:

Gathering of Information:

All the relevant information about your product must be provided to FTL so that we may prepare all paper work. Drawings will be required prior to testing. Please provide all die profiles, assembly drawings and bill of material. We must have all the following information to schedule testing. If you need assistance with this form please contact us.

Test samples must be received in our facility one week prior to testing.

Company Name:			
Company Address:			
City:	State/Providence:	Country:	Zip:
Telephone:	Ext:	Facsimile:	
Company Representative:		E-Mail:	
Series/Model of Sample:			
Sample Size and Type:			
<i>Please Select Applicable Test Type</i>		<i>Please Indicate Expected Desired Pressure</i>	
Air Leakage (ASTM E283)	Yes		psf
Static Water Resistance (ASTM E331)	Yes		psf
Dynamic Water Resistance (AAMA 501.1) (optional)	Yes		psf
Structural Performance @ Design Wind Pressure (ASTM E330)	Yes	(+) (-)	psf
Repeat Air Leakage (ASTM E283) (optional)	Yes		psf
Repeat Static Water Resistance (ASTM E331)	Yes		psf
Seismic Movement @ Design Displacement (AAMA 501.4)	Yes	Horizontal	Vertical
Repeat Air Leakage (ASTM E283)	Yes		psf
Repeat Static Water Resistance (ASTM E331)	Yes		psf
Structural Performance @ 1.5 x Design Wind Pressure (ASTM E330)	Yes	(+) (-)	psf
Seismic Movement @ 1.5x Design Displacement (AAMA 501.4)	Yes	Horizontal	Vertical
Impact	Yes	Large	Small
Cyclic Load Positive	Yes		psf
Cyclic Load Negative	Yes		psf
ANSI Z-97.1 Drop Test *	Yes	*As Per the Florida Building Code	
Please Attach Any Testing Protocols:			
Please Specify Other Testing:			

Printed Name of Authorized Company Representative:

Authorized Representative Signature:

Date: