



Quality Accuracy Assurance

Fenestration Testing Laboratory, Inc.

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LABORATORY PROJECT

Acoustical Testing

This Line for Laboratory Use Only: Project Number:		Date:	
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. Job 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.

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 Testing Standard</i>	
ASTM E90	Yes
ASTM E1425	Yes
ASTM E1801	Yes

Printed Name of Authorized Company Representative:

Authorized Representative Signature:

Date: