



# Fenestration Testing Laboratory, Inc.

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## LABORATORY PROJECT

### Roof Testing

This Line for Laboratory Use Only:		Project Number:		Date:	
Testing Standards:	ASTM	TAS	Other:		
Certifying Agency:	FBC	Miami Dade County	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/Province: Country: Zip:			
Telephone: Ext: Facsimile:			
Company Representative: E-Mail:			
Series/Model of Sample:			
Sample Size and Type:			
<i>Please Select Applicable Test Type</i>			
Roof Testing TAS 100	Yes	Roof Testing ASTM D7158	Yes
Roof Testing TAS 100 A	Yes	Roof Testing ASTM E8	Yes
Roof Testing TAS 101	Yes	Roof Testing ASTM E1646	Yes
Roof Testing TAS 102	Yes	Roof Testing ASTM E1680	Yes
Roof Testing TAS 102 A	Yes	Roof Testing ASTM E331	Yes
Roof Testing TAS 107	Yes	Roof Testing ASTM E108	Yes
Roof Testing TAS 123	Yes	Roof Testing ASTM C1167	Yes
Roof Testing TAS 125	Yes	Roof Testing TAS 105	Yes
Roof Testing ASTM E1592	Yes	Roof Testing TAS 106	Yes
Please Specify Other Testing:			

Printed Name of Authorized Company Representative:

Authorized Representative Signature:

Date: