



**BUREAU
VERITAS**

TEST REQUEST FORM HARDLINES AND ELECTRONIC PRODUCTS

Submitting Company:		Purchase Order No.:	
Submitting For:		Pretesting For:	
Address	City	State	Zip
Report Recipient :			
Phone:	Fax :	E-mail :	
Report cc :	E-mail :		
Invoice Recipient :			
Phone:	Fax :	E-mail :	

SAMPLE INFORMATION:

Sample Description:		# of Cartons Submitted
Manufacturer:		# of Samples Submitted:
Color:	Sample Storage*: <input type="checkbox"/> (\$25 /month) # of months: _____	
SKU / Style #:	Country of Origin:	Return Samples: <input type="checkbox"/> (Shipping and handling charges apply)
Lot#:	Country of Distribution:	Destroy Samples: <input type="checkbox"/> (Within a week of completed testing)
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Hospitality		Donate Sample: <input type="checkbox"/> (Environmentally Friendly GREEN option - Samples are raffled, with proceeds going to charity)
*If section left blank, lab will default to 1 month of storage at \$25.		

SERVICE REQUIRED: (Check One)

<input type="checkbox"/> Regular (7 – 10 business days) <input type="checkbox"/> Same Business Day from receipt of sample - *175% surcharge <input type="checkbox"/> Next Business Day from receipt of sample - *100% surcharge	<input type="checkbox"/> Next 2 Business Days from receipt of sample - 75% surcharge <input type="checkbox"/> Next 3 Business Days from receipt of sample - 40% surcharge <input type="checkbox"/> Next 4 Business Days from receipt of sample - 35% surcharge <input type="checkbox"/> Next 5 Business Days from receipt of sample - 25% surcharge
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Please note that not all products can be tested within the regular TAT or qualify for expedited service. This can be due to product complexity, sample volume, or level of testing.

*Sample including completed paperwork for regular and rush services must be in receipt of BV by 11:00am and by 10:00 am for same day rush

TESTING REQUESTED - (Check Applicable Box(es)):

Note: There is a minimum report fee of \$200.

<input type="checkbox"/>	<input type="checkbox"/> BVCPS Full Protocol Testing (An Audit to Compliance and Industry Standards) <input type="checkbox"/> Food Contact Product (Click link to download and use this form to identify component materials, required for testing) <input type="checkbox"/> ISTA Testing Series: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> OTHER: _____ Overpacking Instructions (Click Link for Instructions)
<input type="checkbox"/>	RETEST – Previous report # _____ (required for retest) <input type="checkbox"/> FAILURES ONLY <input type="checkbox"/> FULL SAMPLE RETEST
<input type="checkbox"/>	Other Instructions / Specific Tests: <input type="checkbox"/> Check here if there is previous correspondence regarding this submission. Please include all correspondence to avoid testing delays. BV contact from correspondence: <input type="checkbox"/> Testing on Demand (Click Link to Learn More)
<input type="checkbox"/>	QUOTATION REQUIRED BEFORE TESTING - Please note that quotation TAT is an additional 3 business days added onto testing time once all required info has been received. Testing is not initiated until the following are received: Signed quotation with complete information and all necessary samples.

CPSIA General Conformity Certificate

<input type="checkbox"/> CPSIA Applicable rules review and GCC under BVCPS GCC services scope Please provide name, full mailing address, e-mail address and telephone number of the person maintaining test records in support of the certification.	
Name of Importer of Record or Domestic Manufacturer:	(Remark: This importer of record/domestic manufacturer information is required for CPSIA's General Conformity Certificate)
Mailing Address/ Tel No.:	
Date of Manufacture (MM/DD/YY):	

All services of Bureau Veritas Consumer Products Services Division are strictly offered, and can only be accepted, under the CPS Conditions of Service. Any party that requests said services, confirms said services, or makes any payment for said services does so agreeing automatically that: (a) it irrevocably accepts and agrees to the CPS Conditions of Service; (b) it waives all rights to change or challenge the CPS Conditions of Service; and (c) the CPS Conditions of Service are final and, unless expressly agreed otherwise by Bureau Veritas, any additional conditions sought to be imposed on any service or payment shall be invalid. The CPS Conditions of Service can be accessed through this link:
<http://www.bureauveritas.com/home/about-us/our-business/cps/about-us/terms-conditions/>

Date _____ Authorized Signature _____
 A typed or electronic signature is an execution of this TRF and the Conditions of Service. A hard copy requires a hand-written signature.

Please include both pages of the completed test request form with each carton of samples and forward to:
Bureau Veritas Consumer Products Services, Inc.; 100 Northpointe Parkway, Buffalo, New York 14228-1884
 Tel: (716) 505-3300 Fax: (716) 505-3301 cps.bureauveritas.com