

Testing Request – Non-Domestic Tables

Please complete for **each model** to be tested and **fax (03 6326 3090)** or **email (info@furntech.org.au)** one copy and attach another to the sample before dispatch.

All fields must be completed.

ORGANISATION:

PRIMARY CONTACT: (*Who do we contact during testing?*)

STREET ADDRESS:

.....P/CODE:

TEL: FAX:

WEB:

EMAIL: ABN:

FACTORY NAME:

FACTORY ADDRESS:

..... COUNTRY:.....P/CODE:.....

PRODUCT DESCRIPTION - MODEL NAME/NUMBER: (***PRINT*** the name you wish to appear on the certificate)

TEST LEVEL: 1 / 2 / 3

PROTOTYPE* PRODUCTION SAMPLE

***NOTE: No certificate will be issued for a prototype, and it therefore will not appear on the Furntech-AFRDI Webpage. After prototype testing, a further *production sample* will need to be submitted for full testing at additional cost before the product is certified.**

Authorisations and Declaration

I warrant and declare that the information provided is accurate in every detail.

I authorise Furntech-AFRDI or its agents to carry out tests at the quoted price.

Signature of authorised officer:

Name: (***PRINT***)

Position in company: Date:

Test sample(s) will not normally be returned. If you do want them returned, please indicate here (note, extra freight charges will apply):

YES

Any significant issues pending/impending with product (e.g. field failures, claims, recalls)?

YES (if yes, please attach summary) NO

OPTIONAL: Should the product(s) described above be certified by Furntech-AFRDI, I authorise Furntech-AFRDI to list the compliance certificate on its website.

YES NO

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T: (03) 6326 6155 **F:** (03) 6326 3090 **E:** info@furntech.org.au

INFORMATION SHEET AND CHECKLIST

The following information (if applicable) is required for each product to be tested.

Name of Company:
(one company name only).....

Product Name/Number
(one name only).....

Material and Component Information Required

Component	Specification	Supplier	Model identification
Table Top Material			
Table Top Thickness			
Castors			

Authorisation

I warrant that the information above is accurate.

Signature of
Authorised Officer.....Date.....

Name (print).....

Position in Company.....