

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

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			
Frame Material			
Leg Material If different to frame			
Castors			

Please include information for additional features if present.

Authorisation

I warrant that the information above is accurate.

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

Name (print).....

Position in Company.....