

Report To Be Issued To	Billing Information (If different from Report Issued To)
Company:	Company:
Contact:	Contact:
Address:	Address:
Phone #:	Phone #:
Fax #:	Fax #:
Email:	Email:

Purchase Order #:	Quote #:
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Specify Standard/Test Method or Description of Desired Assessment Below (Note: Unless otherwise specified, standards testing will be to the latest standard/test method available.)

Sample Description				ICS Use Only	
Model / Part Number	Lot #	Description	Qty.	Checked By	ICS ID #

NIJ 0101.06	<input type="checkbox"/>	Total submittal lot processing (tumble conditioning in parallel with non-tumble conditioned P-BFS testing).
Process Options:	<input type="checkbox"/>	Non (tumbled) conditioned P-BFS pass prior to proceeding with conditioned sample processing.
	<input type="checkbox"/>	Tumble conditioned P-BFS pass prior to non (tumbled) conditioned sample processing.

Ballistic Material:	<input type="checkbox"/>	Aramid	<input type="checkbox"/>	PBO	<input type="checkbox"/>	Ceramic	<input type="checkbox"/>	Metal	<input type="checkbox"/>	Polyethylene
	<input type="checkbox"/>	Hybrid	<input type="checkbox"/>	Composite	<input type="checkbox"/>	UHMWPE	<input type="checkbox"/>	Other	_____	

Report Format:	<input type="checkbox"/>	Email PDF Only (Default)	<input type="checkbox"/>	Bound Hard Copy (\$50)
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Sample Disposition:	<input type="checkbox"/>	Discard 30 days after completion of testing (Default).	<input type="checkbox"/>	Return 30 days after completion	<input type="checkbox"/>	Return upon test completion
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Special Safety Precautions:	<input type="checkbox"/>	None	<input type="checkbox"/>	MSDS attached	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Other	_____
Federal law requires disclosure of any available information.									

Client Authorized Signature:		Date:	
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All Work Subject to ICS Standard Terms and Conditions

FOR LABORATORY USE ONLY			
GR No.:	Logged by:	Job Approved by:	Job Number: