

Herb Curry, Inc.

1701 Leonard Road
Mt Vernon, IN 47620
812-838-6703 (phone) 812-8386712 (fax)
burnit@evansville.net

Fire & Flammability Test Order Form

Please complete a separate form for each product submitted.

| | | | |
|---|--|--------------------------------------|--------------------------------------|
| Company Information | | | |
| Company Name: | | | |
| Contact Name: | | Position Title: | |
| Phone #: | | Fax #: | |
| Email: | | | |
| Mailing Address: | | | |
| City: | | State/Zip: | |
| | | | |
| Test Methods (please mark one) | | | |
| | FAR 25.853 Appendix F | Airbus Directive ABD 0031 | Boeing |
| Flammability | | | |
| Vertical Bunsen Burner 60 seconds | <input type="checkbox"/> Part I (a) (1) (i) | <input type="checkbox"/> AITM2-0002A | <input type="checkbox"/> BSS 7230 F1 |
| Vertical Bunsen Burner 12 seconds | <input type="checkbox"/> Part I (a) (1) (ii) | <input type="checkbox"/> AITM2-0002B | <input type="checkbox"/> BSS 7230 F2 |
| Horizontal Bunsen Burner (max burn rate 2.5") | <input type="checkbox"/> Part I (a) (1) (iv) | <input type="checkbox"/> AITM2-0003 | <input type="checkbox"/> BSS 7230 F3 |
| Horizontal Bunsen Burner (max burn rate 4.0") | <input type="checkbox"/> Part I (a) (1) (v) | <input type="checkbox"/> AITM2-0003 | <input type="checkbox"/> BSS 7230 F4 |
| 45 Degree Bunsen Burner | <input type="checkbox"/> Part I (a) (2) (ii) | <input type="checkbox"/> AITM2-0004 | <input type="checkbox"/> BSS 7230 F5 |
| Toxicity | | | |
| Flaming Mode Only | | <input type="checkbox"/> AITM3-0005 | <input type="checkbox"/> BSS 7239 |
| Non-Flaming Mode Only | | <input type="checkbox"/> AITM3-0005 | <input type="checkbox"/> BSS 7239 |
| Heat Release | | | |
| OSU Heat Release | <input type="checkbox"/> Part IV | <input type="checkbox"/> AITM2-0006 | <input type="checkbox"/> BSS 7322 |
| Smoke Density * (Please mark one of the following): <input type="checkbox"/> 4 minutes <input type="checkbox"/> 20 minutes | | | |
| Flaming Mode Only | <input type="checkbox"/> Part V | <input type="checkbox"/> AITM2-0007A | <input type="checkbox"/> BSS 7238 |
| Flaming and Non-Flaming Mode | | <input type="checkbox"/> AITM2-0007B | <input type="checkbox"/> BSS 7238 |
| *Regardless of test standard selected, identify the max DsM requirement (mandatory for Smoke Density): _____ DsM | | | |
| Additional Comments: | | | |
| | | | |
| | | | |
| | | | |

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Purchase Order Number : _____

Panel Build-Up

Material List (Please complete this section unless information is provided on a separate form in the order.)

| Item No. | Sample ID Number | Item Description (i.e., part description, material usage in the aircraft, specimen thickness, etc.) |
|----------|------------------|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |

Invoicing and Sending Test Results

Invoices Should be Sent to: (please provide information regarding preferred method)

Name / Position:

Department:

Email:

Fax:

Mailing Address: (if different from above)

City:

State/Zip:

Test Results Should be Sent to: (please provide information regarding preferred method)

Name / Position:

Department:

Email:

Fax:

Mailing Address: (if different from above)

City:

State/Zip:

Authorization

Signature (Signature verifies that all information given in this request is correct and corresponds to the specimen(s))

Name: (Printed)

Date:

Position:

Signature