

Test Request Form

Nissenken Quality Evaluation Center

Reception No.	
Receptionist	
Request date	

※Be sure to fill out the requester's information in the area with bold frame.

【Requester's information】

Company name					
Department name				Person in charge	
Address	〒			E-mail	
				Tel	
				Fax	

【Test report information】

※If you would like the name of the report to be different from the requester's name, or have a specified delivery destination, please fill in the required information below

Requester's name on test report	Company Name				
Address on test report	Address	〒			
Delivery destination of test report	<input checked="" type="checkbox"/> Requester <input type="checkbox"/> Other than requester				
Delivery destination of test report	Company Name			Person in charge	
	Address	〒			

【Invoice information】

※If the address and destination of the invoice are different from the requester, please fill in the following

Name on invoice	Company Name				
Delivery destination of invoice	Company Name			Person in charge	
	Address	〒			

【Request details】

Sample name (Item name & Item No.)				Color name/Color No.		Sample QTY.	
Report necessity	<input type="checkbox"/> Not necessary	<input type="checkbox"/> Necessary	Number of copies	Issuance format	<input type="checkbox"/> By type	<input type="checkbox"/> All together	
Purpose of test	<input type="checkbox"/> Confirmation of conformity with standard requirements <input type="checkbox"/> Performance confirmation/performance		<input type="checkbox"/> Other ()				
Return sample	<input type="checkbox"/> Not necessary	<input type="checkbox"/> Necessary	Sample cut, tear etc.	<input type="checkbox"/>	<input type="checkbox"/> Not acceptable	<input type="checkbox"/> Acceptable	
Test item & Test content (Normative reference, Test method, etc.)				Number of tests	Other details		

Other communication, remarks column

Our center responsibly and properly manages the information obtained from this request.