



Application for Testing : Ceramicware QP15.App3/Issue 1

Customer Details		
Company name:		
Address:		
VAT Number		Post Code:
Contact name:		
Tel:		Fax:

Order Details		
Your Order No:		Ref/Style No:
Number of Samples:		Date:
Description:		Colour:
End of Use:		

Test Requirements: (Please Tick As Appropriate)	Standard	SPEC:
STORE GROUP:		
1. Full Test to above standard		
2. Lead and Cadmium Release		
3. Dishwasher Compatibility		
4. Microwave Compatibility		
5. Thermal Shock Resistance		
6. Others:		

Special Instructions:

To be completed by the Laboratory :

(Vetting of the job to be completed after review of request-QP 15.1)

Entrance Number: _____ Authorised Signature: _____

