



Application for Testing : Ceramicware QP15.App3/Issue 1

<b>Customer Details</b>		
Company name:		
Address:		
VAT Number		Post Code:
Contact name:		
Tel:		Fax:

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

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

<b>Special Instructions:</b>
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To be completed by the Laboratory :

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

Entrance Number: \_\_\_\_\_ Authorised Signature: \_\_\_\_\_

