

Test Request Form: Conformal Coating Testing

Compa Addres City:		State:	Postal	Code:		Purchase	tation Number: Order: rized Signature:					
Country:		Cage Code / MFR #			Date:							
Contact:					Phone:		Ema	ail:				
				NOTE	SDS Sheets	to be suppli	ed.					
Testing	g To Be Performe	d										
PI	ease indicate the	specification shee	t samples	will be to	ested to (defa	ulted to lates	st revision/amenc	lment unless otherw	ise speci	ified):		
	IPC-CC-830	MIL-I-46058	MIL-I-46058 Revision:		endment:	Othe	er:		<u>Coatir</u>	Coating Type		
	Qualification	Qualification (Column A)			Initial Qualification:		Group A		AR	S	R	
	Retention of	Retention of Qualification (Column B)					Group B		UR	Х	Y	
	Quality Conformance (Column C)						Group C		ER			
	Submission is for DLA monthly/annual re			tention				ITAR Requiremen	it:	Yes	No	
C	pating ID	Manufacturer			Lot Number		CURING TIME	CURI	RING TEMPERATURE			
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Additional Instructions

Final Test Report:

All final test reports are uploaded to NTS LabInsight for secure customer retrieval. A hard-copy version may be requested at an additional fee.

FORM MUST BE SUBMITTED WITH SAMPLES ALONG WITH A HARD COPY OF THE PURCHASE ORDER