

Product Submission Form

Last Name:				First Name:			Middle Initial:		
Company Name:				Address:					
City:				State:	Zip:				
Daytime Phone: Evening Phone:			Fax:	E-mail:					
	uld you like a copy of that be requested at the time p		n SD	card (addition	nal fee applies	5)?	yes	0	no
Wo	uld you like your SD ca	rd sent priority mail (ad	ditio	nal fee applie	es)?	\circ	yes	\bigcirc	no
	uld you like your produces, please provide a pre-prin					\circ	yes	\circ	no
Fed	FedEx Account # Name on Account:								
	oduct Name: oduct Type:		Mod	del Name/N	Number:				
	Backpacking Canisters/Small Storage Drums Du		Dumpsters/Garbage Enclosures/Food Lockers						
	Coolers		W	Wildlife Feeders					
	Residential Garbage Carts		Toxicant Delivery Devices						
	Panniers & Dry Boxes		Ot	Other Products					
ple it v	this is a re-test, ease describe how vas modified after ailed the first test.								



Please provide detailed information when describing your product below. Incomplete forms could delay your product test.

Product Specifications

Weight	Length	Capacity/Volume	
Height	Width/Depth		

Product material details (gauge of metal used, thickness of plastic, a	areas of reinforcement, etc.):
Description of latching system:	
Extra steps needed to secure container (e.g. padlocks or locking bol mounted to the cement pad:	It(s) required, needs to be
If more than one version of a product is being submitted, describe hoothers being tested:	ow this unit differs from the
Other notes or instructions:	
Please note that by signing this form, you acknowledge that any pro	
testing not picked up within 60 days of testing become property of the	ie testing facility.
	1
Signature	Date



Product Submission Form Instructions

CONTACT NAME: Name of the person submitting the product for testing.

<u>COMPANY NAME</u>: Please provide the name of the company as you would like it to read on testing program correspondence, including, but not limited to product approval letters and the list of approved products.

<u>ADDRESS</u>, <u>PHONE</u>, <u>EMAIL</u>: Please provide the address you would like associated with the product submission. Any approval letters will be sent via email when possible. If an email address is not provided, this address will be used to send all associated correspondence.

<u>VIDEO COPIES & SHIPPING:</u> Please indicate if you want a copy of the testing video on SD card (additional \$70); if you would like the SD card to be sent via priority mail (\$10 for U.S., \$25 for Canada, \$35 for all other countries); Please indicate if you would like your product returned to you after testing, and if so, please provide FedEx account information.

<u>PRODUCT NAME</u>: This is the name of the product line (if there are multiple models) or the product name if it's a single product line. For example, Company X is submitting several "Bear Be Gone" coolers in different sizes for product testing. This product submission form deals with their 45 Quart Model BBG-45-W. The product name in this example is "Bear Be Gone Cooler."

MODEL NAME/NUMBER: This is the actual model of the product within a given product line or its number or size if it is a single product line. In the above example, the model would be "BBG-45-W."

<u>PRODUCT TYPE:</u> pick the category that most accurately represents the primary use of the product being submitted.

<u>IS THIS A PRODUCT RE-TEST?</u> The answer to this question will be "No" unless the exact product model has been tested before, failed testing and has been modified (i.e., changed) to address the area(s) where the product failed in the earlier the test. If this is a re-test, you must describe what on the product has changed since the failed test.

PRODUCT SPECIFICATIONS: can be stated in either standard or metric measurements.

<u>PRODUCT MATERIAL</u>: Please describe the gauge of plastic or metal used, process used (i.e., injection molding or roto-molding) and any areas that have been reinforced with metal or plastic channels to provide structural support to the product.

<u>DESCRIPTION OF LATCHING SYSTEM:</u> Please provide detailed information about latching system used. Please describe if product is self-closing, self-latching, fully automated, etc.



EXTRA STEPS NEEDED TO SECURE CONTAINER OR CONTENTS: Please indicated whether or not there are any special steps needed to secure product or its contents such as a padlock on each corner, a coin to turn a screw, etc.

IF MORE THAN ONE VERSION OF A PRODUCT IS BEING SUBMITTED, PLEASE DESCRIBE HOW THEY DIFFER: If you are submitting more than one prototype of a product (for example, if you are testing multiple 65-gallon, residential, curbside carts that differ ONLY in the thickness of their lids or you are submitting carts that have different latching systems but are identical in every other way) please describe how they differ from the prototype described on this product submission form.

<u>OTHER NOTES OR INSTRUCTIONS:</u> Please note any other pertinent information we need to know about the product here.

SIGNATURE: Please sign the product submission form here. By signing you agree to the terms of the product test as described in the testing protocol and you also agree that any products submitted and not picked up within 60 days after testing become the property of the testing facility and may be disposed of at their discretion. You are also acknowledging that you understand that ANYmodifications to THIS product after testing VOIDS THIS TEST unless the changes are approved by testing program administrators.