Manufacturer: ____________________________________________________________

Contact name: ___________________________________________________________

Contact email: ___________________________ Phone number: ____________________

Brush name and/or model: _________________________________________________

Brush plate dimensions: Length: ________ Width: ________ Ratio: ________

Finished brush pad dimensions: Length: ________ Width: ________ Ratio: ________

Foam type, manufacturer & description: _____________________________________

Minimum foam height: ____________________________________________________

Hardness on shore OO scale: Edge: ________ Middle: ________ Overall: ________

Compression modulus: ___________________________ Fabric lot number: ____________

Checklist for shipment to testing facility:

☐ Product drawing with dimensions
☐ Foam sample (6 units)
☐ Assembled heads (6 units)
☐ Fabric sample large enough to make one unit, cut in required direction
☐ Unassembled base/faceplate (1 unit)
☐ Capture piece and connectors that attach the assembled head to the handle (1 unit)

When complete, ship samples for testing to:

CST-Global
Unit C
Circle Line House
8 East Road
Harlow – Essex, UK
CM20 2BJ

Samples sent from outside of EU should be marked:

SAMPLES FOR DESTRUCTIVE TESTING
FREE DOMICILE AND IMPORT DUTY