

New Program: Yes No

Test Site Address (This is where the sampling kit will be sent)

DEALERS ONLY: Provide Kit Number

Co. Name _____

Contact _____

Address _____

City _____

State _____ Zip Code _____

Phone _____ Fax _____

Notes _____

Mailing Address (This is where the reports will be sent)

Same As Test Site Other (See Address Below)

Co. Name _____

Contact _____

Address _____

City _____

State _____ Zip Code _____

Email _____

Please enter a valid email address (e.g. name@somewhere.com)

Kit Sent To: Client Dealer

Additional Copies To:

Address Below or Email _____
Please enter a valid email address (e.g. name@somewhere.com)

Also send copy to: PADI

Contact Name _____

Address _____

Co. Name _____

City, State, Zip _____

Type of Analysis

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> Ambient | <input type="checkbox"/> CGA Grade E / NFPA 1989, '08 | <input type="checkbox"/> Instrument Air | <input type="checkbox"/> NFPA 99 | <input type="checkbox"/> Spectral Analysis |
| <input type="checkbox"/> CGA Grade A | <input type="checkbox"/> CGA Grade E / NFPA 1989, '13 | <input type="checkbox"/> ISA-S7.0.01 | <input type="checkbox"/> NFPA 1404 | <input type="checkbox"/> Z180 |
| <input type="checkbox"/> CGA Grade D, '11 | <input type="checkbox"/> CGA GRADE N | <input type="checkbox"/> ISO 8573-1 | <input type="checkbox"/> NFPA 1989, '08 | <input type="checkbox"/> Z275.2 |
| <input type="checkbox"/> CGA Grade D / NFPA 1500, '13 | <input type="checkbox"/> DNAX | <input type="checkbox"/> NAVSEA | <input type="checkbox"/> NFPA 1989, '13 | |
| <input type="checkbox"/> CGA Grade E, '11 | <input type="checkbox"/> EN12021 | <input type="checkbox"/> Nitrox I | <input type="checkbox"/> O.C.A. | |
| <input type="checkbox"/> CGA Grade E / NFPA 1500, '13 | <input type="checkbox"/> EU-USP, '08 | <input type="checkbox"/> Nitrox II | <input type="checkbox"/> O.S.H.A. | |

Contract Frequency

One Time Semi-Annual Quarterly Monthly Program Start Date _____
MM/DD/YYYY

Special Instructions: _____

Ordered By _____

Phone Number _____

Co. Name _____

Date _____

MM/DD/YYYY