GOVERNMENT OF DUBAI

DUBAI MUNICIPALITY

REQUEST FORM FOR TESTING TEXTILE PRODUCTS

Dubai Central Laboratory

PART 1 (To be filled in by the client)

CUSTOMER INFORMATIONS					
Customer Name:					
Customer Address:					
Telephone:			**Fax:**		
E-mail:					
License No.:					
Client Category:	□ Manufacturer	□ Wholesaler	□ Retailer	□ Private	□ Dealer
	□ Importer	□ Exporter	□ Designer	□ Multi-Role	□ Unknown
Item brought in by:					

ITEM INFORMATION			
Customer Reference (if applicable):			
Item Name:			
Quantity Submitted:		**Type:**	
Product Class:	□ I (baby below 3years)	□ II (Direct Contact)	□ III (Indirect Contact) □ IV (Decorations)
Product Type	□ Finished Product	□ Raw Material	
Test Type	□ Safety Test	□ Quality Control Test	
Test Requested for (Test Codes):			
Item Disposition	□ Discard	□ Return	
Service Type	□ Private	□ Import	□ Export
	□ Inspection (by DM inspectors)	□ Others: ----------	
Release Report	□ Manually	□ Electronically	
For DM inspectors - Sampling Reason	□ Routine	□ Complain	□ Survey
	□ Random	□ Suspicious	□ Others: ----------
Remarks:			

PART 2 (To be filled in by the laboratory)

Date Received:	**Request**: Accepted / Rejected
Request No.	**Expected Report Date:**
Received by:	**Amount to be paid (AED):**
Remarks:	

Dubai Municipality reserves the right at its discretion to decline or accept the items submitted for testing. While we make every effort to issue the report as per the expected reporting date, it might be changed if the test is repeated or in the case of unavoidable circumstances. Under exceptional circumstances, the request may be cancelled. The customer shall be informed whenever the request is rejected or expected reporting date is changed or request is cancelled. The customer or his authorized representative is expected to collect the report and the item (if requested to return) as per the expected date after making the payment. If the customer fails to collect the report within stipulated time (as informed by the Sample Management staff) from the expected reporting date, the item shall be discarded by the Dubai Municipality. Additional information (if any) shall be provided on request.

I hereby undertake that all the information provided is correct.

Signature of the Customer **For Textile Testing Laboratory**

PART 3 – Issue of the Test Report (To be filled in by the laboratory)

Request: Cancelled / Report generated Report No: Amount Paid: Yes / No Remarks (if any): Date: For Textile Testing Laboratory	Acknowledgement by the Customer Received the report and the item(s) as per the contract Date: Signature of the Customer