

## Section 1 - Contact Details

Main Contact

Company Name

Company Address

Company Registration No.  Telephone

Email

If the invoice details are different to above, please complete below

Invoice Recipient Name

Company Name

Company Address

Company Registration No.  Telephone

Email

## Section 2 - Product Details

Project Name

Project Address

### Project Type

Timber Door	<input type="checkbox"/>	Cavity Barriers	<input type="checkbox"/>
Metallic Door	<input type="checkbox"/>	Partitions (Dry Lining / Demountable)	<input type="checkbox"/>
Timber Framed Glazing Screens	<input type="checkbox"/>	Structural Steel Protection	<input type="checkbox"/>
Metallic Framed Glazing Screens	<input type="checkbox"/>	Dampers	<input type="checkbox"/>
Penetration and Linear Gap Seals	<input type="checkbox"/>	Other	<input type="checkbox"/>

*If other, please note*

### Guidance Notes

These are the details of who will be contacted for information and who the quotation will be sent to

These are the details of the company who will be paying the invoice

Please select the specific product type(s)

Please provide a description of the product/assembly

How many assemblies are there? Please list these

What stage is the project at? *In Design, In Manufacture, Installed*

Has this work been rejected on technical grounds by another body?

Yes  No  *If yes, please provide details*

Please provide as much information as possible relating to the intended use of the product

### Section 3 - Scope of Works

Type of Service Required

Technical Assessment  Fire Test Support   
Field of Application Report  Other

*If other, please state*

Please select the type of service you are requesting

What period of fire resistance do you require?

Integrity  Minutes Load Bearing Capacity  Minutes  
Insulation  Minutes Other  Minutes

What is the relevant fire resistance test standard?

Please specify Integrity, Insulation and Loadbearing Capacity (if applicable) requirements

### Section 4 - Information and Drawings Required

Have you provided:

Product Drawings Yes  No   
Relevant Test Data (inc. relevant permissions) Yes  No   
Door Schedule Template (if applicable) Yes  No

Please tick to confirm that you have supplied the relevant drawings and information with your request

### Section 5 - How Did You Hear About Us?

Please select the most applicable

Web Search  Social Media (e.g. LinkedIn)   
Recommendation  Worked with Previously