



Triple/S Dynamics

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COMPANY INFORMATION

Primary Contact: _____ Primary Contact Title: _____

Primary Contact Phone: _____ Primary Contact Email: _____

Company: _____

Address 1: _____ Address 2: _____

City: _____ State: _____

Zip: _____

TEST INFORMATION

Plan to Attend Test: Yes No

Test Material: _____ Bulk Density: _____

Particle Size Distribution: _____ Desired Production Rate: _____

Test Objectives: _____ Ship Date of Sample: _____

Ship Date of Sample: _____ T/SD Equipment Required: _____

Sample Retention or Return: _____

CERTIFICATION

I hereby certify that this product is/is not deemed a toxic substance or hazardous waste by applicable federal, state, or local laws, rules, or regulations. The material safety data sheet (MSDS) is attached.

Signature of Customer: _____