



# URBAN OUTFITTERS INC.



## REGULATORY TEST REQUEST FORM

### GENERAL INFORMATION (\*Limited tests available. Please call for details) (#Mandatory field)

Submitting For Company Name: Urban Outfitters Inc. JDE Number: 46796

Service Required: ☐ Regular (5-7 Business Days) ☐ \*Express Service 40% Surcharge ☐ \*Emergency Service 100% Surcharge

**Note: Due to product complexity, sample volume or level of testing, expedited service may not be available**

Fail Retest: ☐ No ☐ Yes - please state Previous Report Number(s): \_\_\_\_\_

Quotation Before Testing: ☐ No ☐ Yes (Testing is initiated upon receipt of signed quotation with complete information & samples)

### #SUBMITTER INFORMATION

Submitter Type: ☐ Mill ☐ Factory ☐ Vendor ☐ Agent ☐ Program Client ☐ Other: \_\_\_\_\_

Submitter Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### IF REPORT OR INVOICE RECIPIENT IS DIFFERENT FROM THE ABOVE CONTACT PERSON, PLEASE PROVIDE:

Report Recipient: \_\_\_\_\_ Report Recipient Email: \_\_\_\_\_

Invoice Recipient: \_\_\_\_\_ Invoice Recipient Email: \_\_\_\_\_

### VENDOR OR AGENT INFORMATION (☐ VENDOR ☐ AGENT)

Company Name: \_\_\_\_\_ Company ID / Number: \_\_\_\_\_

Company Email: \_\_\_\_\_ Company Tel Number: \_\_\_\_\_

### FABRIC MILL AND FACTORY INFORMATION

Fabric Mill Name: \_\_\_\_\_ Fabric Mill ID / Number: \_\_\_\_\_

Fabric Mill Email: \_\_\_\_\_ Fabric Mill Tel Number: \_\_\_\_\_

Factory Name: \_\_\_\_\_ Factory ID / Number: \_\_\_\_\_

Factory Email: \_\_\_\_\_ Factory Tel Number: \_\_\_\_\_

### SAMPLE INFORMATION

#Product Description: \_\_\_\_\_

#Style Number: \_\_\_\_\_ Purchase Order Number: \_\_\_\_\_

Country of Origin: \_\_\_\_\_ #Country of Destination: \_\_\_\_\_

Fabric Weight: \_\_\_\_\_ Color(s) Submitted: \_\_\_\_\_

Fiber Content: \_\_\_\_\_ Care Label: \_\_\_\_\_

### TEST REQUEST (Please check appropriate boxes)

Product Category	<input type="checkbox"/> Apparel	<input type="checkbox"/> Accessories	<input type="checkbox"/> Children's	<input type="checkbox"/> Home
	<input type="checkbox"/> Beauty	<input type="checkbox"/> Furniture	<input type="checkbox"/> Lighting	<input type="checkbox"/> Other
	<input type="checkbox"/> Plastics & Synthetic Material (PU, PVC, Rubber, TPU, TRR, EVA)			<input type="checkbox"/> Paints, Coatings, Surface Prints
RSL Material Category	<input type="checkbox"/> Metal	<input type="checkbox"/> Textiles-Natural fibers		<input type="checkbox"/> Textiles-Synthetic fibers
	<input type="checkbox"/> Flammability	<input type="checkbox"/> Leather		<input type="checkbox"/> Synthetic Leather
	<input type="checkbox"/> Adhesives	<input type="checkbox"/> Label Review		<input type="checkbox"/> Other:

All services of Bureau Veritas Consumer Products Services Division are strictly offered, and can only be accepted, under the CPS Conditions of Service. Any party that requests said services, confirms said services, or makes any payment for said services does so agreeing automatically that: (a) it irrevocably accepts and agrees to the CPS Conditions of Service; (b) it waives all rights to change or challenge the CPS Conditions of Service; and (c) the CPS Conditions of Service are final and, unless expressly agreed otherwise by Bureau Veritas, any additional conditions sought to be imposed on any service or payment shall be invalid. The CPS Conditions of Service can be accessed through this link:

<http://www.bureauveritas.com/home/about-us/our-business/cps/about-us/terms-conditions/>

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_



**URBAN OUTFITTERS INC.**  
**REGULATORY TEST REQUEST FORM**



Country of Destination: US only

☐ **CPSIA General Conformity Certificate (GCC)/(CPC) - please provide below additional information:**

**Person Maintaining Test Record Information**

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tel Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Domestic Manufacturer / Importer Information**

Company to be shown on GCC/CPC: ☐ Domestic Manufacturer  
(Required for U.S. Domestic Manufacturer)

☐ Importer  
(Required for U.S. Importer)

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tel Number: \_\_\_\_\_

**Product Information**

Date of Manufacture: \_\_\_\_\_  
(MM/YYYY)

Place of Manufacture: City Province Country  
(City / Province / Country)