



## REQUEST FOR QUOTATION – Toy Testing

<i>Company</i>		<i>Country</i>	
<i>Name</i>		<i>E-Mail</i>	
<i>Address</i>		<i>Website</i>	
<i>City</i>		<i>Phone</i>	
<i>State</i>	<i>Zip</i>	<i>Cell</i>	
<i>Company Size</i>	<input type="checkbox"/> Under 100 employees <input type="checkbox"/> 101-500 100 employees <input type="checkbox"/> 501-1000 employees <input type="checkbox"/> 1000+ employees		

Are you a:  Manufacturer    Distributor    Designer / Prototype Builder    Other \_\_\_\_\_

Manufacturing Location (City, State, Country) \_\_\_\_\_

### Product Information

Description / Name:	
Model / Models	
Model Differences (Use separate attachment if needed)	
Describe How the Toy Is Used:	
Intended Environment:    Indoor - Outdoor;    Home - Playground - Day Care - School	
Age Range of Intended User (School grade is not adequate):	
Size (inches) (LxWxH):	Weight (pounds):
Is the Toy Electrical? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a 'Ride on Toy'? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 120 VAC <input type="checkbox"/> 230 VAC <input type="checkbox"/> 12VDC   Other _____	Is this an 'Activity Toy'? <input type="checkbox"/> Yes <input type="checkbox"/> No
: If AC, <input type="checkbox"/> external or <input type="checkbox"/> internal power supply	Flammable Materials Used? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Toy 'Machine Washable'? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any magnets? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Toy 'Mouthable'? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any liquids? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Standards & Tests

What Countries for Sale? <input type="checkbox"/> USA <input type="checkbox"/> CAN <input type="checkbox"/> EU/CE <input type="checkbox"/> Others - please specify _____
Do you know the applicable Standards? <input type="checkbox"/> Not Sure <input type="checkbox"/> Specific Retailer Requirements (please attach) <input type="checkbox"/> ASTM F963 <input type="checkbox"/> 16CFR <input type="checkbox"/> SOR <input type="checkbox"/> EN71 <input type="checkbox"/> ISO8124 <input type="checkbox"/> Other - please specify _____
Do you know the applicable Tests for your Toy? <input type="checkbox"/> Yes (include your list of tests) <input type="checkbox"/> No

### Other Information:

When do you need this Quote? _____	When are you ready to start testing? _____
What is your targeted completion date? _____	What is your targeted shipping date? _____