

## **Transmittal Form**

Submit this form in advance AND with samples via fax to 516.576.1410 or e-mail to certifiedtransmittals\_ny@certified-laboratories.com

Company Name:			LOCODE: INTERNAL USE ONLY		
Address:					
City, State, Country:			Date Submitted:		
Zip / Postal Code:			Purchase Order # (if any):		
Name (first & last):			E-mail:		
Phone #:			Fax #:		
PLEASE CHECK IF CONTACT INFORMATION HAS CHANGED					
CERT LAB # Sample # Internal Use		Identificat	Identification		Required
Special Notes:					