

IACP Speed Measurement Program Request to Perform Testing

Check Test Requested		
CPL Stage I (Initial Test) _____	CPL Stage II _____	CPT Stage II _____
CPL Stage I (Model Variation) _____	CPT Stage I _____	Certification _____

Date: _____ Purchase Order #: _____

Agency/Manufacturer/Customer Address Billing Address (if different)

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: ____ Zip: _____ City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Attention: _____ Attention: _____

Please list all applicable information requested below, attach additional sheets if necessary.

	Make	Model	Processing Unit Serial #	Antenna 1 Serial #	Antenna 2 Serial #	Turning Fork(s) Serial #
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Ship speed measurement units to: (Call IACP for authorization)

San Diego State University

IPTM - University of North Florida

ATTENTION LAB: Please begin testing on receipt of this notice.

IACP Authorization: _____ Date: _____