

## WAXCT Application Testing Request Form

Thank you for your interest in WAXCT products and services. In order to better understand your application testing requirements, please fill out this form and include it with your test article or provide it to your sales representative. Additionally, if you have any drawings or photographs that may help us complete this study, you may attach paper copies, include them on CD or DVD, or e-mail them directly to [ctlab@mme.wsu.edu](mailto:ctlab@mme.wsu.edu) . Thank you.

1. Please provide a general description of the test article (size, shape, weight, intended use, etc.).

1A. What materials and/or sub-components are in the test article?

1B. Describe the test article's internal structure.

2. Check the box(es) which best describes your area(s) of interest.

Quality Control	Failure Analysis	Design	R&D	Rev. Eng.	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please describe:

3. In which portion of the test article are you particularly interested, and why?

## WAXCT Application Testing Request Form (Continued)

4. Are you looking for anomalies/defects, and if so, of what type and size? How did you determine that the anomalies were present?
5. Do you need dimensional information, and if so, what is the size of the object(s) or anomaly(ies) on which you need dimensions?
6. Have you experienced any problems (failures) with this test article?  Yes  No  
If yes, please describe:
7. Do you need data in any particular format (e.g., BMP, JPG, STL, PLY, etc.)?
8. Is there any special handling required for your test article or the resultant data (e.g., confidentiality)?
9. Do you need the sample returned to you, and if so when?  Yes  No Date:
8. Additional comments.+

WAXCT Application Testing Request Form (Continued)

**Contact Information**

Contact Name: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

e-mail Address: \_\_\_\_\_

**Sales Representative Information**

Sales Rep: \_\_\_\_\_

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

**Application Testing Information (to be completed by WAX-CT)**

Received by: \_\_\_\_\_

Received on: \_\_\_\_\_

Application Number: \_\_\_\_\_

Application Engineer: \_\_\_\_\_

Completed on \_\_\_\_\_

Report Sent?  Yes  No Date: \_\_\_\_\_