



Pre-Testing Helmet Information Form

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Please supply the following information with all helmet submissions to insure accurate information and expedient completion of your testing. **Please complete one form per manufactured structure.**

Company (Helmet Owner): _____

Contact: _____ **e-mail:** _____

Address 1: _____

Address 2: _____

City: _____ **State/Province:** _____ **Postal Code:** _____

Country: _____ **Phone:** _____ **Fax:** _____

Production Information:

Model Name: _____ **Manufactured Structure Size:** _____

Size(s) Submitted _____ **Size(s) in centimeters:** _____

Marketing Information: *(Marketing Brands and Models)* **Web link:** _____

Market Brand(s): _____

Market Model(s): _____ **Market Size(s):** _____

Standards:

M2025D	M2025R	M2020D	M2020R	SA2020	EA2016	K2020	E2021
B-90A	B-90C	B-95A	B-95C	B-90TT	B-95TT	CMR2016	CMS2016
H2000	FIA8859-2015		Other				

Type of Test: (Check all appropriate items)

Certification Evaluation Prototype Other _____

Number of Samples Submitted: _____ *Largest Configuration* _____ *Smallest Configuration (Multi-Size Only)* **(See instructions)**

Helmet Positioning Index (HPI): _____ mm. ¹ *Largest Configuration* _____ mm. ¹ *Smallest Configuration (Multi-size)*

Head Form(s) to Use:¹ ISO - A C E J M O DOT - L M S

Shell and Liner Material(s): _____

Helmet Disposition: Return All Helmets Return Failed Helmets Destroy All Helmets

Return Instructions: _____

Other Instructions: _____

Submitted By: _____ **Date:** _____

(Signature of Authorized Representative)

Please contact the Foundation with any questions.

¹ These Items are subject to the inspection and approval of the Snell Foundation testing laboratory.