



Pre-Testing Helmet Information Form

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

Snell License Holder (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):

Table with columns for Standard and checkboxes for various helmet models: M2015, SA2015, EA2016, K2015, E2016, H2000, RS-98, B-90A, B-90C, B-95A, B-95C, B-90TT, B-95TT, S-98, CMR2016, CMS2016, FIA8860-2010, FIA8859-2015, Other.

Type of Test: (Check all appropriate items)

Certification Prototype Modification Evaluation Other

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

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

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

Shell and Liner Material(s):

Helmet Disposition: Return all helmets Return failed helmets Destroy all helmets

Return Instructions:

Other Instructions:

Submitted By: (Signature of Manufacturer Representative) Date:

Please contact the Foundation with any questions.

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