

Quarterly Distribution Report Of Snell Certification Decals

Snell Foundation, Inc. 3628 Madison Avenue, Suite 11 North Highlands, CA 95610

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Company	Date:				
Address:					
Address2:					
City	State:	Postal Code:			
Country:	Contact:	Email:			
Certification Standard:	(Label Type)				
Quarter:	Year: 20	_			

Certification Information		Market/Sold as Information		QTY	Decal Serial #s Sequence		Sold To:	
Model Name	Size	Cert ID	Brand/Model	Size	QII	From	To	Solu 10.



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(Instructions)

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Purpose:

This report aids Snell in determining the correct number of random sample helmets obtained for a particular manufacturer based on model, size, distribution area and period of time. Without this information random sampling criteria are based on overall decal sales. This can lead to oversampling certain models, and neglects to consider decals not yet used. The format shown on form SMFQRD### MM/YY is an example of what information we require. Actual reports may vary as long as the basic information is included. All standard electronic formats are welcome and preferred (Excel, X-base, ASCII, comma delimited.)

Please provide the company name and current address, and include a contact and phone number and date completed.

Indicate the reporting quarter and year that this report includes. Indicate decal standard.

Item 1, Certification Model Name:

Indicate the model name that this helmet was tested and certified under.

Item 2, Certification Size:

Provide the cm or alphanumeric sizing designation that this model helmet is certified under.

Item 3, Certification ID#:

Provide the Certification ID for the certified structure format is generally CA###-YY.

Item 4, Market Brand/Model Sold Ss:

If different from the certified name, indicate the model name that this certified model helmet is sold, marketed or distributed under. This should include the marketing company's name as well.

Item 5, Size Sold As:

Indicate the size(s) that this model helmet will be sold, marketed or distributed under.

Item 6, Oty:

Provide the number of units of this model and size produced and sent to the indicated Distributor, Dealer or Vendor indicated in Item 8, for the quarter reported.

Items 7 & 8, Decal Sequence:

Enter the Snell certification decal serial number range applied to these helmets.

Item 8, Distributor:

Provide the distributor or vendor name that these helmets were sent to. Snell will use this information to attempt to obtain helmets from these distribution or retail sources. Please also provide contact information for these distribution outlets.

We realize that this information is of a sensitive nature to your company. The Snell Foundation treats these reports with the same confidentiality as we do the test data we collect from helmets. Your continued cooperation helps us complete the requirements of a Snell certification accurately and effectively.