

Spett.le Politecnico di Milano

LABORATORIO PROVE MATERIALI, STRUTTURE E COSTRUZIONI (LPM)

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**LPMSC.MOD.00.023 Rev. 1 TESTS REQUEST ON CONSTRUCTION MATERIAL
ITALIAN LAW 5/11/1971 n. 1086**

With this letter we require execution of tests:

- tensile test deflected test fatigue test _____ cycles
- relaxation with standard: D.M. UNI EN ISO 15630 ASTM A412 BSI 5896 _____
- 120 h 1000 h 2000 h _____ h
- Load %: _____ (only if different from standard)

with relative certification, on the following material samples:

<i>N. of sample</i>	<i>Kind</i>	<i>Quality</i>	<i>Diameter</i>	<i>Lot</i>	<i>Coll</i>
	wire strands*) <input type="checkbox"/> wire*) <input type="checkbox"/> wire*) <input type="checkbox"/> bar <input type="checkbox"/>				
	wire strands*) <input type="checkbox"/> wire*) <input type="checkbox"/> wire*) <input type="checkbox"/> bar <input type="checkbox"/>				
	wire strands*) <input type="checkbox"/> wire*) <input type="checkbox"/> wire*) <input type="checkbox"/> bar <input type="checkbox"/>				

*) Specify in the quality column whether Sheathed and/or Galvanized

<p><i>(to be completed in block capitals)</i></p> <p>Coming from: _____</p> <p>_____</p> <p>_____</p>	<p>Technical Responsible (stamp and signature)</p>
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<p>Certificate Holder: _____ TEL.: _____</p> <p>Address _____ N. _____ CAP _____ CITY _____ STATE _____</p> <p>N. OF REQUIRED CERTIFICATES: _____ PEC: _____</p> <p>E-MAIL: _____ TEL.: _____</p>
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<p>INVOICE TO BE REGISTERED TO: _____</p> <p>Address _____ N. _____ CAP _____ CITY _____ STATE _____</p> <p>FISCAL CODE / VAT NUMBER: _____ TEL.: _____</p> <p>PAYMENT*: <input type="checkbox"/> BANK <input type="checkbox"/> CHECK</p>
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(*) The certificate will be issued only after verification of the full payment of the amount due.

Please enclose to the present form the identity document and PEC address of the construction manager.

Date of request: _____ Signature of the applicant: _____