



Quarterly Distribution Report Of Snell Certification Decals

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

e-mail info@smf.org
Tel. (916) 331-5073
Fax (916) 331-0359.

Company _____
Address _____

Date: _____

Quarter -- 1 (Jan-Mar) 2 (Apr-June) (Circle one) 3 (July-Sept) 4 (Oct-Dec) -- 20____ (year)

Decal Type - _____ (Standard)

Certification Information			Sold As or Market Names		Qty	Decal Sequence		Distributed to:
Model Name	Size	ID #	Company/Model	Size		From	To	
<i>Example</i>	<i>A</i>	<i>CA1234-05</i>	<i>AKA Zbest Helmet</i>	<i>S</i>	<i>111,112</i>	<i>AC 123456</i>	<i>AC 234567</i>	<i>Distributor's Name</i>

**Please Remember to inform us about new names and sizes for currently certified products.*



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(Instructions)

Purpose:

This report aids us in determining the correct number of random sample helmets we should obtain for a particular manufacturer based on model, size, area and period of time. Without this information random sampling criteria is based on overall decal sales. This can lead to over sampling certain models, and neglects to consider decals not yet used. The format shown above 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. Please include a contact and phone number, and date the form.

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 certified under.

Item 2, Certification Size:

Provide the size that this model helmet was certified in.

Item 3, Certification ID#:

Provide Certification ID for the certified structure.

Item 4, Company/Model Sold As:

Indicate the model name that this model helmet will be 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, Qty:

Provide the number of units of this model and size that have been produced, and sent to the indicated Distributor, Dealer or Vendor for the quarter.

Items 7 & 8, Decal Sequence:

Enter the Snell certification decal range that were 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 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 Memorial Foundation treats these reports with the same confidentiality as we do the test data we collect from your helmets. Your continued cooperation helps us complete the requirements of a Snell certification accurately and effectively.