

Date:

## **Evidence Transmittal Form**

ATS Reference #

|                         |                        |   | Customer Info    | ormation           |                     |       |  |
|-------------------------|------------------------|---|------------------|--------------------|---------------------|-------|--|
| Submitted By:           |                        |   |                  | Verbal Report To:  |                     |       |  |
| Company                 |                        |   |                  | Phone #:           |                     |       |  |
| Address                 |                        |   |                  | Written Report To: |                     |       |  |
| / luur                  |                        |   |                  | -                  |                     |       |  |
| <b>E</b>                |                        |   |                  | Company            |                     |       |  |
| Email Address:          |                        |   |                  | Address            |                     |       |  |
| Phone                   |                        |   |                  | _                  |                     |       |  |
| Cell                    |                        |   |                  |                    |                     |       |  |
|                         |                        | Insurance Information                                   |                  | E                  | Billing Information |       |  |
| File #:                 |                        |   |                  | Invoice To:        |                     |       |  |
| Insured:                |                        |   |                  | Company            |                     |       |  |
| Claim Number:           |                        |   |                  | Address            |                     |       |  |
| Date of Loss:           |                        |   |                  |                    |                     |       |  |
|                         |                        |   |                  | PO #               |                     |       |  |
|                         |                        |   |                  | FO#                |                     |       |  |
| DESCRIPTION OF EVIDENCE |                        |   |                  |                    | LOCATION COLLEC     | TED   |  |
| ltem #                  | Size/Type<br>Container | <b>Description</b> Type of Mater<br>Material (burned or |                  |                    |                     |       |  |
| 1.                      |                        |   |                  |                    |                     |       |  |
| 2.                      |                        |   |                  |                    |                     |       |  |
| 3.                      |                        |   |                  |                    |                     |       |  |
| 4.                      |                        |   |                  |                    |                     |       |  |
| 5.                      |                        |   |                  |                    |                     |       |  |
| 6.                      |                        |   |                  |                    |                     |       |  |
| Special I               | Instructions/Com       | ments:  |                  |                    |                     |       |  |
| Dispos                  | ition:                 | Return  | Des              | trov               | Store at AT         | s     |  |
| 2.0000                  |                        |   |                  | ,                  |                     | -     |  |
|                         |                        | CHAIN   | of Evidence (Sig | NATURE REQUIRED    | )                   |       |  |
| From:                   |                        | То:   |                  | Via:               | Date:               | Time: |  |
| From:                   |                        | То:   |                  | Via:               | Date:               | Time: |  |
| From:                   |                        | То:   |                  | Via:               | Date:               | Time: |  |
| From:                   |                        | То:   |                  | Via:               | Date:               | Time: |  |

We appreciate the opportunity to provide your testing/inspection needs and look forward to being of service to you. Services provided will be governed by the Applied Technical Services, Inc. (ATS) General Conditions of Service available at

www.atslab.com/salesorderacknowledgement.pdf