

DEA-222 Request Form

Before submitting a schedule II for testing, complete and fax this Form to 970.593.9044

Line No.	Sample	Concentration	Quantity
1			
2			
3			
4			
5			

Company Information

Company Name _____

Address _____

City/State/Zip _____

Phone/Fax _____

Email _____

Contact Person _____

Authorized Signature _____

Date Signed _____

Comments/Notes