



Registration Form for FCDC Third Party Testing Laboratory 2026-2027

I. **Laboratory Information** (Please complete information neatly and **exactly** as you would like it to appear on NMFTA's website.)

Company:	
Address:	
City/State/Zip/Country	
Contact Name:	Phone:
Email:	Website:

II. **Location of second lab** (submit additional sheets if necessary):

Company:	
Address:	
City/State/Zip/Country	
Contact Name:	Phone:
Email:	Website:

III. **Is your lab certified by International Safe Transit Association (ISTA)?** Yes No

IV. **Capabilities/Equipment** (tests that can be performed on ISTA certified laboratory equipment):

<input type="checkbox"/> Drop	<input type="checkbox"/> Incline Plane	<input type="checkbox"/> Fork Lift Truck	<input type="checkbox"/> Environmental Chambers
Vibration:	a) <input type="checkbox"/> Mechanical Vibration	b) <input type="checkbox"/> Hydraulic Vibration	
Compression:	a) <input type="checkbox"/> Uniform Platten	b) <input type="checkbox"/> Pivot Platten	
Other:			

Fee Structure: \$590 for initial laboratory / \$340 for each additional laboratory

Pay online: <https://store.nmfta.org> NMFTA, Other, FCDC Packaging Lab Registration

Make checks payable to: NMFTA, 1001 N. Fairfax St., Suite 600, Alexandria, VA 22314

Completed applications: Email to packaging@nmfta.org