



## Water Resistance/Repellency Proficiency Program 1 Year Registration

The Water Resistance/Repellency Proficiency Program is being offered in an effort to increase the services provided by AATCC and supplements the Colorfastness Proficiency Program and the Appearance Proficiency Program that are also currently offered. **This program is offered twice per year in May and November.** The following AATCC test methods are being offered in this program:

- TM 22 – Water Repellency: Spray Test
- TM 35 – Water Resistance: Rain Test
- TM 42 – Water Resistance: Impact Penetration Test
- TM 127 – Water Resistance: Hydrostatic Pressure Test

Specimens will be sent from the AATCC Technical Center to participating laboratories, along with instructions and report forms. Subscribing laboratories will perform the required tests on the fabric samples provided by AATCC and send their completed report forms to AATCC. AATCC will compile the data and send a summary report to the participating laboratories. A fee of \$450.00 per year will be assessed to participating laboratories. This includes circulation of specimens and analysis of results **TWICE per year**. For laboratories not wanting to participate in all of the test methods, they may choose which ones they perform and will only be evaluated for those tests. The fee will not change if one or more tests are omitted. Each laboratory will be assigned an anonymous code, and only those laboratories participating will receive the summary report. To participate in this program, fill out the form below and return it to AATCC.

**Company** \_\_\_\_\_  
**Contact Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, Zip Code** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**Email address** \_\_\_\_\_

**SUPPLY ALL OF THE INFORMATION FOR EACH PARTICIPATING LABORATORY AND RETURN WITH PAYMENT OF \$450/LAB by April 27, 2007 to be included in the first round of tests that will be distributed by May 25, 2007.**

**Please check method of payment:**

- Check enclosed (**Drawn on US Bank**) Amount \$ \_\_\_\_\_  
 American Express     VISA     MasterCard

Card No: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

Name as shown on card (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

**RETURN TO:**

**AATCC**

**Attention: Suzanne Holmes**

**PO Box 12215**

**Research Triangle Park, NC 27709-2215**

**Telephone: 919-549-3537 Fax (919) 549-8933 E-mail: holmes@aatcc.org**