

IMDS Registration Request

Requested By:		Date:	
Company:	(customer)	Dunbar Sales Rep:	
Contact:			
Tel #: Fax # Email:			
Company IMDS ID#:			
Dunbar/Manuf. p/n:			
Customer p/n:	(<u>EX</u>		
Notify when completed? Yes / I	No		
Who:			
How:	(ema	ail, tel, fax, etc.)	
Request sent to Mfg by:	Date:		
Registered by:	Date:		
Notified Customer:	Date:		
P/N ID # received:	P/N ID # transmitt	ed:	
Specific weight	(Kg/m)		