Revision: 4 Effective Date:150112



Verification Statement of Training for Liquid SunMate® Foam-in-Place Seating (FIPS)

This form must be completed and returned to Dynamic Systems by the user performing the FIPS pour or by the reseller's representative responsible for answering questions and instructing customers in the use and safe handling of FIPS.

As a measure to ensure customer success and safety in the use of the Liquid SunMate Foam-In-Place Seating system, Dynamic Systems requires verification that an understanding of basic product safety and handling has been achieved by the user or reseller before the first order will be shipped.

By signing this form you verify that you have completed <u>at least one</u> of the training requirements listed below, and understand the proper safety and handling procedures of this product and its application. Check all that apply:

Workshop Date:	Workshop Location: Instructor's E-mail/Phone:		
Instructor's Name:			
Signature	Title	Date	
Printed Name	Phone	Fax	
Company Name/Facility		E-mail	
Street Address	City	State	Zip
Do you resell Liquid SunMate Foam-	in-Place Seating? ☐ YES	□NO	
As a reseller of FIPS, by signing this agreemer about this product, including but not limited to pouring techniques, client and technician safe Dynamic Systems, you will provide them. You	o: safe chemical handling, product st ety. If your customers do not have the	nelf-life and proper disposal, cold e most recent FIPS Instructional Vi	weather heating, mixing and deo and Manual published by

We will ship your order for Liquid SunMate upon receipt of this verification. Thank you.