Evidence Transmittal Form

Applied Technical Services
1049 Triad Court
Marietta, Georgia 30062
770-423-1400 phone / 770-514-3299 fax
nwallace@atslab.com

Date:_____ ATS Reference #_____

Customer Information

Submitted By: _____
Company _____
Address _____
_____
Email Address: _____
Phone _____
Cell _____

Verbal Report To:_____
Phone #:_____
Written Report To:_____
Company _____
Address _____
_____

Insurance Information

File #:_____
Insured:_____
Claim Number:_____
Date of Loss:_____

Billing Information

Invoice To: _____
Company _____
Address _____
_____
PO # _____

DESCRIPTION OF EVIDENCE			LOCATION COLLECTED
Item #	**Size/Type Container**	**Description** Type of Material, Condition of Material (burned or unburned)	
1.			
2.			
3.			
4.			
5.			
6.			
Special Instructions/Comments:			

Disposition: Return ☐ Destroy ☐ Store at ATS ☐

CHAIN OF EVIDENCE (SIGNATURE REQUIRED)

From: _____ To: _____ Via: _____ Date: _____ Time: _____
From: _____ To: _____ Via: _____ Date: _____ Time: _____
From: _____ To: _____ Via: _____ Date: _____ Time: _____
From: _____ To: _____ Via: _____ Date: _____ Time: _____

We appreciate the opportunity to provide your testing/inspection needs and look forward to being of service to you. Services provided will be governed by the Applied Technical Services, Inc. (ATS) General Conditions of Service available at
www.atslab.com/salesorderacknowledgement.pdf
Services performed outside scope of ATS accreditation are certified to ISO 9001 requirements only.