



Dynamic Systems, Inc.

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Verification Statement for User/Practitioner of Liquid SunMate® Foam-in-Place Seating (FIPS)

**** This form must be completed and RETURNED to Dynamic Systems by the person performing the FIPS pour. ****

Check which of the following training methods you have completed:

1. I have read and understand the FIPS Instruction Manual.
2. I have watched and understand the FIPS Instruction Video.
3. I have successfully completed certification in a FIPS Workshop.

For the success and safety of all involved, we require a level of competence in the proper use of the FIPS System. By signing this form, you are verifying that you have met the requirements of items (1) and (2) above, and/or have complied with item (3), and understand the proper procedures and applications of the FIPS System. Upon receipt of this verification, we will accept your orders for Liquid SunMate® and other FIPS supplies.

I understand the procedures and the proper handling of the FIPS chemicals, as well as the general precautions to be taken when using the Liquid SunMate®. I understand it is necessary to carefully follow these procedures and precautions for the well-being and safety of everyone involved with any applications of Liquid SunMate®.

Signature _____ Position _____ Date _____

Contact Information (Please print clearly)

Name _____ Phone _____ (ext) _____

Company/Institution _____ Department _____

Accounts Payable Address

Street/P.O. Box _____ City _____ State _____ Zip _____

Shipping Address

Street/P.O. Box _____ City _____ State _____ Zip _____

Briefly describe your previous training/experience in Foam-in-Place Seating

Who referred you to Dynamic Systems for Liquid SunMate® products?

Person/Company _____ Location _____