



TEST FORM FOR FOOTBALLS

Please complete the information below, sign and enclose original copy with all footballs submitted for testing – one form per ball model.

Company: _____

Contact Name: _____ **Date submitted:** _____

Address: _____

Tel: _____ **Fax:** _____

Signature: _____

Manufacturer of the ball: _____

Category specification(s) for which footballs are to be tested:

OUTDOOR

FIFA Approved Ball Model: _____ Brand Name: _____

FIFA Inspected Ball Model: _____ Brand Name: _____

BEACH SOCCER

FIFA Approved Ball Model: _____ Brand Name: _____

FIFA Inspected Ball Model: _____ Brand Name: _____

FUTSAL

FIFA Approved Ball Model: _____ Brand Name: _____

FIFA Inspected Ball Model: _____ Brand Name: _____

(The part below will be filled in by FIFA Marketing & TV after the testing)

Test Results: **Positive** **Negative**

Criteria failed (if any):

Weight Circumference Sphericity Loss of Pressure

Water Absorption Rebound Balance

Shape and Size Retention Test:

Increase in Circumference Change in Pressure

Deviation in Sphericity Stitch and Valve

Please send this form to the following address, together with the requisite number of footballs (10 balls for the FIFA Approved category – 7 balls for the FIFA Inspected category):

Fédération Internationale de Football Association

FIFA Quality Concept

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