Label and Material Evaluation Form

Send a FULL ROLL of Tape material on the original core.
If sending labels, we will need a minimum of 50 Labels on the original core.

**Why fill this form out?** START International will test your material for free and recommend the product that best fits your application. We don’t just sell machines... we offer solutions.”

START Int. Employee Assisting with Evaluation: ________________________________________________

Name: __________________________ Company: __________________________________________________

Address: __________________________________ City: __________ State: ______ Zip: ______ Country: __________

Tel: __________________________ Email: ________________________________________________________

**Preferred Type of Equipment:** (check all that apply)

If you would like us to do testing on a specific machine, fill in here: __________________________

☐ Electric Label Dispenser ☐ Non-Adhesive Cutter ☐ Bottle Labeler

☐ Specialty Application ☐ Other: __________________________________________________________

**Please Describe the Following:** (if applicable)

1. Dispense or Cut between Labels: __________________________________________________________

2. Required Material Cut Length(s) and Tolerance(s): ________________________________________

3. Description of Label (Does it have wording on it etc)?
   - of Label/Die Cut Part (Material, size, brand) ____________________________________________
   - Is it spooled or loose? _____________________________________________________________
   - If spooled, what is the weight of the full spooled roll? _________________________________
   - What is the outside diameter of a full roll? ____________________________________________

4. Number of Pieces Per 8 hour Shift: __________________________ Number of labels used per day: __________

☐ Type of Environment used in: __________________________________________________________

☐ Will the label be exposed to any significant changes in temperature (Humid/Heat/Cold/Fan/Bright Lights): __________________________

☐ Please include any other important application information/comment: __________________________

Please **COPY** this form and mail along with your sample material to:

Attn. Technical Services
START International
4270 Airborn Drive
Addison, TX 75001
U.S.A.

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**PLEASE BE SURE TO SEND** the EXACT Label used for Start to provide a complete assessment. Depending on the cut length, Start recommends a minimum of 50 labels for testing purposes.

Steve S.