



## The Application for a measurement in the laboratories of Department of Clothing Technology

Name and Surname: .....

Phone, e-mail: .....

Department: .....

Head of (DT, BT, project, etc.): .....

### **Measurement 1**

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Purpose (DT, BT, project, etc.): .....

Measuring Instrument: .....

Date of measurement: From: ..... To: .....

Measurement range

Number of tested materials: .....

Number of measurements for each material: .....

### **Measurement 2**

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Purpose (DT, BT, project, etc.): .....

Measuring Instrument: .....

Date of measurement: From: ..... To: .....

Measurement range

Number of tested materials: .....

Number of measurements for each material: .....

### **The actual measurement range (completed after the end of measurement)**

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Measurement 1 .....

Measurement 2 .....

Liberec (Date): .....

prof. Dr. Ing. Zdeněk Kůš  
Head of Department of Clothing Technology