

LED/SSL LUMINAIRE TEST REQUEST


Date

Choose or type the information in each field * Required Fields

CUSTOMER INFORMATION

*Company	<input type="text"/>	*P.O. Number	<input type="text"/>
*Address	<input type="text"/>	*Phone	<input type="text"/>
*City	<input type="text"/>	Fax	<input type="text"/>
*State/Province	<input type="text"/>	Postal Code	<input type="text"/>
*Country	<input type="text"/>	E-mail	<input type="text"/>
		*Contact	<input type="text"/>

LUMINAIRE DESCRIPTION

*Luminaire Type	<input type="text"/>	Click to insert a picture of the luminaire to test 
*Manufacturer	<input type="text"/>	
*Model Name	<input type="text"/>	
*Catalogue Number	<input type="text"/>	
*Lens/Diffuser	<input type="text"/>	
*Collimators	<input type="text"/>	

ELECTRICAL INPUT

*Type	<input type="text"/>
*Nominal Input	* Voltage <input type="text"/> * Wattage <input type="text"/>
DRIVER	<input type="checkbox"/> Integrated <input type="checkbox"/> Internal <input type="checkbox"/> External
*Manufacturer	<input type="text"/>
*Catalog Number	<input type="text"/>

LED DESCRIPTION

*Manufacturer	<input type="text"/>
*Catalog Number	<input type="text"/>
*Test Position	<input type="text"/>
*Color (CCT)	<input type="text"/>
*LED Drive Current	<input type="text"/>

TEST REQUEST

Photometric Test Sphere Test ISTMT Electrical Test Light Output Depreciation vs Time

LUMINAIRE DISPOSAL (Shipping cost at customer fees)

Return After Testing Hold for further Testing Customer Pickup Scrap

SPECIAL INSTRUCTIONS

N.B: Additional service charge of 40% for priority testing in 48 hours. YES

APPROVAL

Approved By (If you don't have any electronic signature, please print the form and sign it by hand)	Target Due Date	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>