LED/SSL LUMINAIRE TEST REQUEST

Date

Choose or type the information in each field   *** Required Fields**

CUSTOMER INFORMATION

*Company		*P.O. Number	
*Address		*Phone	
*City		Fax	
*State/Province	Postal Code	E-mail	
*Country		*Contact	

LUMINAIRE DESCRIPTION

*Luminaire Type

*Manufacturer

*Model Name

*Catalogue Number

*Lens/Diffuser

*Collimators

Click to insert a picture of the luminaire to test

ELECTRICAL INPUT

*Type

*Nominal Input   * Voltage   * Wattage

DRIVER   ☐ Integrated   ☐ Internal   ☐ External

*Manufacturer

*Catalog Number

LED DESCRIPTION

*Manufacturer

*Catalog Number

*Test Position

*Color (CCT)

*LED Drive Current

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

Target Due Date

Approved By (If you don't have any electronic signature, please print the form and sign it by hand)