

ITL PHOTOMETRY ORDER FORM

THE FOLLOWING INFORMATION MARKED WITH AN * AND IN BOLD TYPE IS CRITICAL. IF THIS INFORMATION IS NOT INCLUDED ON YOUR ORDER FORM, IT MAY RESULT IN SLOWER PROCESSING OF YOUR TEST(S).

Contact Name _____ *E-mail address _____
Billing Address _____ Telephone _____
_____ Fax Number _____
_____ P.O. Number _____

Shipping address same as Billing address Yes No (if no, add shipping address at bottom of form)

* **Company name (as it is to appear on ITL report)** _____

* **Catalog Number(s)** _____

Luminaire (Light Fixture) Description _____

Number of Lamps (light bulbs) _____ Watts per lamp _____ * **Lumens per lamp** _____

Has this hardware (either in part or full) been tested previously by ITL? _____ If so, please list test number(s) _____

FOR LAMP(S), INDICATE ALL THAT APPLY:

LED: White RGB Monochromatic – List color _____

Metal Halide: Clear Phosphor-coated HQI

High Pressure Sodium: Clear Diffuse

Incandescent: Type: _____

Other: LED Induction _____

Envelope Style (i.e. BT-28, E-18): _____

* **Lamp Position** Horizontal Vertical-Base Up Vertical-Base Down

Other (describe, draw sketch if necessary) _____

Fluorescent: T5 T8 T12 U-lamp Compact Biaxial 2D

Color Temp. _____ Other (describe) _____

* **If you require a specific lamp type please specify, otherwise ITL may use a substitution (i.e. color temperature, make):** _____

Sketch of luminaire orientation for test

* INDICATE TYPE OF PHOTOMETRIC REPORT DESIRED:

Indoor Report: VCP table (extra cost)? Yes Cone of Light (extra cost)? Yes Beam Spreads (extra cost)? Yes

Roadway/Area Report: Mounting Height for isofootcandle plot _____

Floodlight Report

NOTE: For LED luminaires, please select desired photometric test report type above. LED tests will be performed in accordance with IESNA LM-79 unless otherwise specified by customer. If color measurements are desired, select box below.

Include LM-79 Color Measurements for LED Testing (CRI, CCT, DUV and X,Y Coordinates), extra cost.

Include Spectral Distribution (SPD) on Color report for LED Testing (not included with above checkbox), extra cost.

* **Light measured in:** Upper hemisphere only Lower hemisphere only Both Upper & Lower hemisphere

* **If you do NOT want us to drill holes in your samples, check here** (If we cannot drill holes in your samples, there may be additional charges for producing a structure to support your samples on our test apparatus).

* **Estimated date test samples to arrive at ITL** _____

PRIORITY SCHEDULING (40% surcharge applies) Yes (call for current priority turnaround time.)

E-mail test report(s) and IES file(s) to another address? Yes E-mail address _____

Special Instructions: _____



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