**ITL PHOTOMETRY ORDER FORM – LED LAMPS & LUMINAIRES**

**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).**

* **Company Name** (as it is to appear on ITL reports)
* **Company Address** (as it is to appear on ITL NVLAP reports)
* **Contact Name**
* **Telephone Number**
* **E-mail Address**
* **Billing Address**

Shipping Address, if different than billing address

* **Purchase Order Number**

* **Catalog Number** (as it is to appear on ITL reports)

**Luminaire or Lamp Description**

Number of LEDs ______ Watts per LED ______ LED manufacturer & catalog number (if known)

**LED:**  □ White  □ RGB  □ Monochromatic – List color

Number of Drivers ______ Driver manufacturer & catalog number (if known)

* **Requested Driver Input Voltage** (tests performed at this voltage unless otherwise specified):

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

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### INDICATE TESTING DESIRED

1 -  □  Test lamp or luminaire to **LM-79** Requirements – includes photometrics & standard color (other options available)
   - Indicate equipment type here:  □ Lamp  □ Luminaire
   - Indicate type of photometrics here:  □ Indoor  □ Flood  □ Roadway/Area (mounting height____)
   - This testing option includes:  CCT, CRI, x/y Coordinates
   **See Option 5 below for additional test offerings**

2 -  □  Test lamp or luminaire to **ENERGY STAR** Requirements – includes photometrics, standard color, & ISTMT*(in situ)
   - Indicate equipment type here:  □ Lamp  □ Luminaire
   - Indicate type of photometrics here:  □ Indoor  □ Flood  □ Roadway/Area (mounting height____)
   - This testing option includes:  CCT, CRI, x/y Coordinates
   **See Option 5 below for additional test offerings**

3 -  □  Test lamp or luminaire to **DESIGNLIGHTS** Requirements – includes photometrics, standard color, ISTMT, & THD
   - Indicate equipment type here:  □ Lamp  □ Luminaire
   - Indicate type of photometrics here:  □ Indoor  □ Flood  □ Roadway/Area (mounting height____)
   - This testing option includes:  CCT, CRI, x/y Coordinates
   **See Option 5 below for additional test offerings**

4 -  □  Test lamp or luminaire to **LIGHTING FACTS** Requirements – includes lumens & standard color
   - Indicate equipment type here:  □ Lamp  □ Luminaire
   - This testing option includes:  CCT, CRI, x/y Coordinates
   **See Option 5 below for additional test offerings**

5 -  □  **A La Carte Testing** for □Lamp or □Luminaire – **CHECK ALL THAT APPLY BELOW**:
   - Indoor Photometric Report
   - Cone of Light (extra cost)
   - Beam Spreads (extra cost)
   - Roadway/Area Photometric Report, Mounting Height____
   - Floodlight Photometric Report
   - Color Spatial Uniformity
   - Standard Color Report with SPD
   - Spectrum Power Distribution & CIE Diagram
   - In Situ Temperature Measurement Test
   - Driver Electrical Test
   - Total Harmonic Distortion (THD)
   **Quotation required for the listed testing**

**ADDITIONAL TEST INFORMATION**

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

* **If you do NOT want us to drill holes in your samples for mounting, check here □**

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

* **Priority Scheduling (30%) surcharge applies. Call for current turnaround times**

* **Other order forms associated with this series of tests**

* **E-mail test report(s) and IES file(s) to another address:**  E-mail address

Web site to view your lamp or luminaire cut sheets

Approximate luminaire dimensions (Width x Length x Height)

If testing previously discussed with ITL staff, who was ITL contact person

**Special Instructions:**