



Les Industries Spectralux Inc. Spectralux Industries Inc.

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PHOTOMETRIC TEST REQUEST

FORM - Q 017


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

*Type	<input type="text"/>	Click to insert a picture of the luminaire to test 
*Model	<input type="text"/>	
*Catalog Number	<input type="text"/>	
*Socket Position	<input type="text"/>	
Special Instruction	<input type="text"/>	

LAMP DESCRIPTION

*Wattage	<input type="text"/>	*Bulb Finish	<input type="text"/>
*Source	<input type="text"/>	*Bulb Size	<input type="text"/>
*Base	<input type="text"/>	*Burning Position	<input type="text"/>

OPTIONS

Voltage Rise Thermal Testing Ballast Factor Absolute Test

APPROVAL

Due Date

Authorized By _____