

ITL PHOTOMETRY ORDER FORM – NON-LED LAMPS & LUMINAIRES

last update:
7/9/13

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** _____ * **E-mail Address** _____

* **Telephone Number** _____ **Fax Number** _____

* **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 Lamps _____ Watts per Lamp _____ * **Lumens per Lamp** _____

Number of Ballasts _____ Ballast manufacturer & catalog number (if known) _____

* **Requested Ballast 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) _____

FOR LAMP(S), INDICATE ALL THAT APPLY:

Metal Halide: Clear Phosphor-coated HQI

High Pressure Sodium: Clear Diffuse

Incandescent: Type: _____

Other: Induction _____

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

* **Lamp Position** Horizontal Vertical-Base Up Vertical-Base Down Other (describe) _____

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

**If T5 lamp, see attached sheet for disclaimer option, select option: Option 1 Option 2 Option 3

Color Temperature _____ Other (describe) _____

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

* INDICATE TYPE OF PHOTOMETRIC REPORT DESIRED:

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

Roadway/Area Report: Mounting Height for isofootcandle plot _____

Floodlight Report

* **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 (30% surcharge applies)** (call for current turnaround time.)

***Other 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 _____

Quotation required for the listed testing

Special Instructions: _____