

APPLICATION DESIGN REQUEST



Request Date: _____ Date & Time Required: _____ HOT Request (check): _____

Company Name: * _____

Contact Name _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: * _____ Fax: _____ Email: _____

Distributor Name: _____ Phone: _____

SIMKAR/CEW Representative: _____

Project Name: * _____

Application Type (check one): Mfg. Warehouse Retail Outdoor/Pole Mount

New or Retrofit (check one): New Retrofit Replacement One-for-One only

Desired Light Level: * _____ FC (circle one) Maintained Initial

Desired Lamp Type (HPS, MH, PS/MH): * _____ Desired Lamp Wattage: _____

Length of Area (ft): * _____ Width of Area (ft): * _____

INDOOR:

Ceiling Deck Height: * _____

Bottom of Fixture Height: * _____

Work Plane Height: _____

Aisle Width (if applicable): * _____

Rack Width (if applicable): * _____

Rack Height (if applicable): * _____

Environment (circle one): Clean Average Dirty

Ceiling Color (defaults to 50% Reflectance): _____

Wall Color (defaults to 30% Reflectance): _____

Floor Color (defaults to 20% Reflectance): _____

OUTDOOR:

Pole Height: * _____

Pole Width (Existing): _____

Shape (Existing): _____

Material (Existing): _____

List any local codes or restrictions (uniformity, light spill, etc.): _____

For Maximum Accuracy:

If Indoor please include a drawing or sketch of area showing dimensions of walls, racks, etc.

If Outdoor please show distance between poles, buildings, property lines, etc.

***Minimum Information Required**

Please fax completed form to 972-239-2911.