

LED APPLICATION ENGINEERING INFORMATION



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DATE SUBMITTED

DATE REQUIRED

CUSTOMER INFORMATION		NOTES
COMPANY NAME		
CONTACT NAME		
TELEPHONE		
E-MAIL		
ADDRESS		
CITY, STATE	ZIP CODE	

SERVICE CONDITIONS (FILL IN OR CIRCLE ALL THAT APPLY)

LOCATION	MOUNTING	FIXTURE TYPE	OPERATION	AMBIENT TEMPERATURE IN APPLICATION
INDOOR OUTDOOR	WALL CEILING MOUNTING HEIGHT: FT: _____ IN: _____	FIXED PORTABLE	NORMAL EMERGENCY NORMAL and EMERGENCY	_____
APPLICATION CONDITIONS	COLOR RENDERING INDEX	PHOTO CONTROL	GROUNDING CONVENIENCE OUTLET	COST / Kwh IN LOCATION
WET DAMP DRY	_____	YES NO	YES NO	_____
AVERAGE FOOTCANDLES DESIRED	DIMMING	COLOR TEMPERATURE	INPUT VOLTAGE	NUMBER OF HOURS FIXTURES IN USE
_____	YES NO	_____°K	_____	_____
	OCCUPANCY SENSOR			NUMBER OF FIXTURES IN USE AND TYPE TO BE REPLACED
	YES NO			_____ _____

SKETCH OF APPLICATION