## LIGHTING CALCULATION REQUEST FORM

roject Name	
ddress	
ity	
rate/Province	
p/Postal Code	_
ountry	_
roject Phase	



Country					
		CONTACT IN ALL FIELDS IN THIS SECTION	NFORMATION  ARE REQUIRED TO BE FILLED		
Name			Contact Phone	EXT	
Company			Contact Email		
Additional Email Add	dresses to Copy with Re	sults			
		AGENT INE	ORMATION		
		ITLY WORKING WITH A SPECTRUM ENGAGED WITH A REP AGENT, I	I REP AGENT, PLEASE PROVIDE I		
	*				EXT
Agent Contact				Phone	
Agency			Email		
		PROJECT SU	JPPORT FILES		
THAT ALL ROOM/AREA I	DS ARE CLEARLY MARKED IN TH	H THE RCP/PLAN VIEW (REQUIRE HE RCP/PLAN VIEW FILE. THIS INF	D) IN EITHER DWG, DXF, OR PDI ORMATION MUST MATCH THE R	OOM/AREA IDS TO BE USED IN	THE CALCULATION. IF AN
ELEVATION VIEW IS REG	QUIRED FOR CALCULATION PLEA	ASE INCLUDE THAT IN EITHER DW TO COMPLETE TH	G, DXF, OR PDF FORMAT AS WE HE CALCULATION.	LL. LIST ANY OTHER SUPPORT FI	LES THAT ARE NECESSARY
DOD (D) ( ) . D					
Supporting Elevation	Notice (S) - Drawing Nam	ne(s)			
Support File Name(s)	)				
		CALCULATION AREA	S AND ENVIRONMENT		
	REQUEST, BE SURE ALL CALCULATED CEILING HEIGHT	TION ROOMS/AREAS ARE CLEAR CEILING REFLECTANCE			CALCULATION PLAN HEIGHT
ROOM / AREA ID	CEILING REIGHT	CEILING REFLECTANCE	WALL REFLECTANCE	FLOOR REFLECTANCE	CALCULATION PLAN REIGHT
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LUMINAIRE SCHEDULE WHEN SUBMITTING YOUR REQUEST, BE SURE ALL CALCULATION ROOMS/AREAS ARE CLEARLY MARKED IN THE SUPPORTING DRAWINGS PROVIDED IN PROJECT SUPPORT FILES SECTION								
LUMINAIRE ID	SPECTRUM CATALOG #	ROOM/AREA ID(S)	MOUNTING TYPE	MOUNTING HEIGHT	LIGHT LOSS FACTOR (LLF)			
	MEMO / SPECIAL INS OPTIONAL FIEL	TRUCTIONS LD						