

Request for Vertical Light Plan

PROJECT INFO

Project Name: _____

Customer Name: _____

Street: _____

City: _____

State: _____ ZIP: _____

Phone: _____

Email: _____

4800 Hinar Drive
 Beamsville, Ontario
 CANADA L0R 1B1

Tel: 905.563.4133
 Fax: 905.563.0445
 E-Mail: info@pllight.com

www.pllight.com

DEALER INFO (IF APPLICABLE)

Dealer: _____

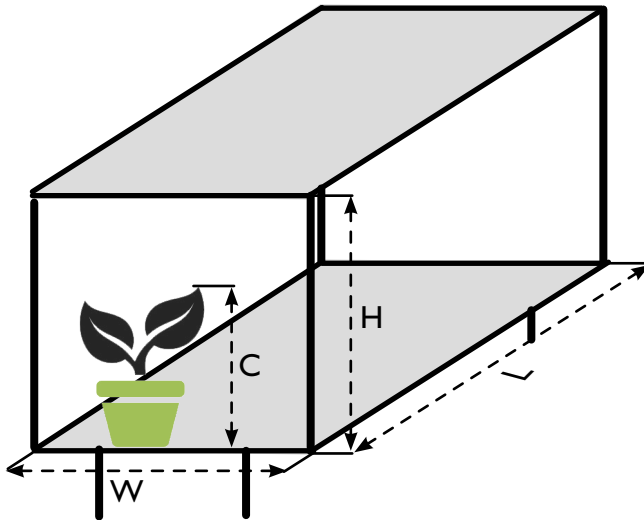
Contact Name: _____

Phone: _____

Email: _____

Potential Order Date: _____

This calculation is based on exact measurements in perfect conditions. Because of this you may experience some variance in light-levels. All fixtures must be mounted straight and level in all directions to achieve the calculated light-level and uniformity



Crop Type _____

Light Level ($\mu\text{mol}/\text{m}^2.\text{s}$) _____

Desired Light Source _____

Desired Spectrum (LED only) _____

*will require additional information

	Shelf 1	Shelf 2	Shelf 3	Shelf 4	Shelf 5	Shelf 6	Shelf 7	Shelf 8
(W) Shelf Width								
(L) Shelf Length								
(H) Desired Distance between shelves Height								
(C) Desired Finish Crop Size (Shelf to Canopy)								
Number of shelves this size								

The light plan is designed on the basis of the available information. P.L. Light Systems is not liable for any inaccurate or missing data.