

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:* _____

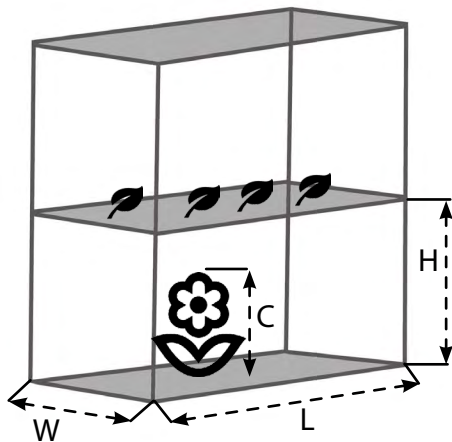
Contact Name:* _____

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 ($\mu\text{mol}/\text{m}^2\cdot\text{s}$):*	_____
Light Source	_____
Desired Spectrum (LED only)	_____

Is rack enclosed with walls or wrapped in reflective material? _____

If yes, material of wrap/walls _____

If known, reflectivity of wrap/walls _____

	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								
(C) Desired Finish Crop Size (Shelf to Canopy)								
Number of shelves this size								

* Indicates required information. 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.