

Request for Vertical Light Plan

PROJECT INFO

Project Name:* _____

Customer Name:* _____

Street:* _____

City:* _____

State:* _____ ZIP:* _____

Phone:* _____

Email:* _____

41 Brockley Drive, Unit 11
Hamilton, Ontario
CANADA L8E 3C3

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

www.pllight.com

DEALER INFO (If Applicable)

Dealer:* _____

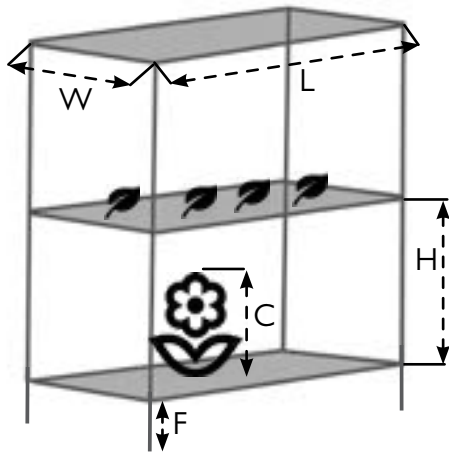
Contact Name:* _____

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 ($\mu\text{mol}/\text{m}^2\cdot\text{s}$)* _____

Desired Light Source* _____

Desired Spectrum (LED) _____

Voltage Required* _____

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

If yes, material of wrap/walls _____

If known, reflectivity of wrap/walls _____

	Rack 1	Rack 2	Rack 3	Rack 4	Rack 5	Rack 6	Rack 7	Rack 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 on Rack								
(F) Floor to First Shelf								

* 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.

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Floor Plan

Please use the space below to sketch in the location of the racks within the room, particularly note the distance between racks and walls, as reflectivity may be a factor. If there are attached drawings, please indicate file names:

File Name _____

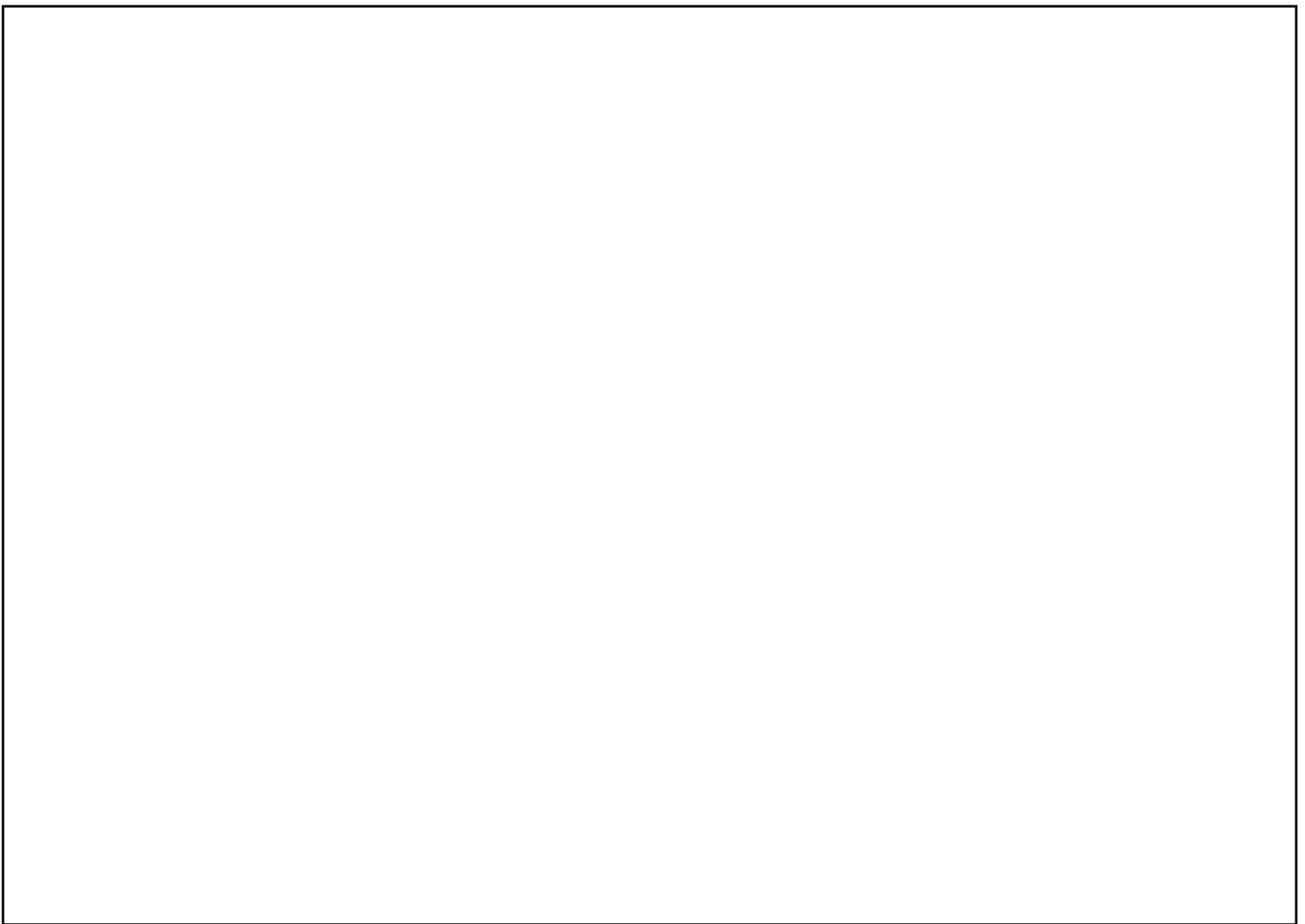
File Name _____

File Name _____

File Name _____

File Name _____

File Name _____



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