


## Indoor Crops

Please provide us with the following information for a FREE lighting layout. In order to provide your project with an accurate and effective design please complete this form as thoroughly as possible. Missing information may cause delay in receiving your layout or affect accuracy/results.

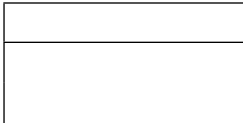
<b>Project name:</b>	<b>Dealer company:</b>
<b>Job company:</b>	<b>Dealer location:</b>
<b>Customer contact:</b>	<b>Dealer contact:</b>
<b>Email:</b>	<b>Email:</b>
<b>Ship to ZIP code:</b>	<b>Phone:</b>

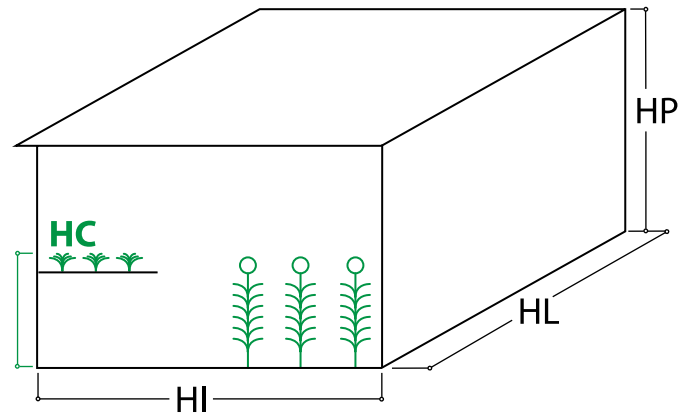
<b>Structure Type:</b>	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Other	
<b>Ceiling Type:</b>	<input type="checkbox"/> Flat	<input type="checkbox"/> Truss	<input type="checkbox"/> Other
<b>Partition between rooms?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Are there any other obstructions?</b> <i>If yes, please provide a sketch of the obstructions.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Flat**



**Truss**



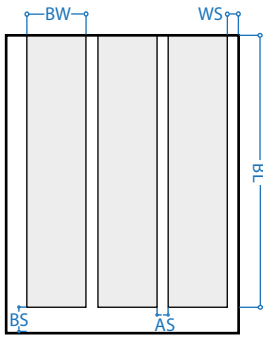


### STRUCTURE MEASUREMENTS:

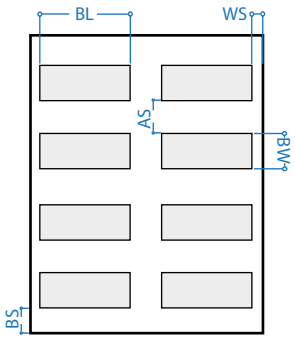
Number of Rooms	Length L	Width W	Ceiling Height H	Crop Height CH bench height + crop height

### BENCH MEASUREMENTS:

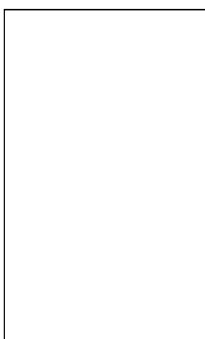
**Vertical**



**Horizontal**



**Other**



Number of Benches per Room	Bench Length BL	Bench Width BW
Bench Start BS	Aisle Space AS	Space from Wall WS

Please see page 2 for grid to submit a sketch of your bench layout with dimensions.

**Orientation of Benches:**  Vertical  Horizontal  Other

**Bed/Bench Type:**  Stationary  Rolling  Ground Beds  Other

**Bench height from floor:**

Other

# Light Request Form

## LIGHT NEEDS

<b>Light Requirements:</b>	<input type="checkbox"/> Sole source (indoor)	<input type="checkbox"/> Photoperiod/Daylength extension
<b>Growth Stage:</b>	<input type="checkbox"/> Propagation	<input type="checkbox"/> Vegetative <input type="checkbox"/> Flowering
<b>Uniformity Desired:</b>	<input type="checkbox"/> High (may result in more fixtures)	<input type="checkbox"/> Low (may result in fewer fixtures)
<b>Desired Intensity:</b>	<input type="checkbox"/> Micromoles:	<input type="checkbox"/> Moles/Day:
<input type="checkbox"/> <b>Not sure.</b> Please base it on crop type and my region and focus on:		
	<input type="checkbox"/> High quality levels	<input type="checkbox"/> Good quality levels <input type="checkbox"/> Acceptable levels

## FIXTURE INFORMATION

<b>Fixture/Bulb Type:</b>	<input type="checkbox"/> LED	<input type="checkbox"/> Double-Ended <input type="checkbox"/> HPS <input type="checkbox"/> MH	<input type="checkbox"/> CMH <input type="checkbox"/> 3100K <input type="checkbox"/> 4200K	<input type="checkbox"/> T5 Fluorescents	<input type="checkbox"/> Other
<b>Voltage:</b>	<input type="checkbox"/> 120V	<input type="checkbox"/> 208V/240V	<input type="checkbox"/> 277V	<input type="checkbox"/> 347V	<input type="checkbox"/> 480V <input type="checkbox"/> Other
<b>Standard Plug:</b>	<input type="checkbox"/> 5-15P	<input type="checkbox"/> 6-15P	<input type="checkbox"/> L7-15P	<input type="checkbox"/> L24-20P	<input type="checkbox"/> L8-20P <input type="checkbox"/> Other
<b>Special Plug:</b>	Describe: All fixtures come with a standard 8' power cord.				

**Please submit any architectural drawings you have of your facility. CAD files are preferred, followed by SketchUp and PDF files. Alternatively, please submit a sketch of your facility with bench layout with your dimensions:**

Fax completed form to 800-634-9906 or email to [Commercial@Hydrofarm.com](mailto:Commercial@Hydrofarm.com)