



Applications Request

Date: _____ Required by Date: _____

Job Name: _____

New or Retrofit (circle one): New One-for-One Replacement

Existing System (if any): _____ Spacing: _____

Proposed System (Type and/or Fixture #): _____

Proposed Fixture Description: _____

Length of Area (ft): _____ Width of Area (ft): _____

INDOOR:

OUTDOOR:

Ceiling Deck Height: _____

Pole Height: _____

Bottom of Fixture Height: _____

Pole Width (Existing): _____

Work Plane Height: _____

Shape (Existing): _____

Aisle Width (if applicable): _____

Material (Existing): _____

Rack Width (if applicable): _____

List any local codes or restrictions (uniformity, light spill, etc.) _____

Environment (circle one): Clean Average Dirty

Ceiling Color (defaults to 50% Reflectance): _____

Wall Color (defaults to 30% Reflectance): _____

Floor Color (defaults to 20% Reflectance): _____

For Maximum Accuracy:

If indoor, please include a drawing or sketch of area showing dimensions of walls, racks, etc.

If outdoor, please show distance between poles, buildings, property lines, etc.

Please Email to TSmith@mobern.com, or fax 301-953-9310.

Please allow 24 – 48 Hours for turnaround time.

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