



# Check list

## Light ceiling/wall application

<b>Contact details</b>		Date:
<b>Contact name</b>		
<b>Company/department</b>		
<b>Country</b>		
<b>E-mail</b>		
<b>Phone</b>		
<b>OSRAM distribution partner</b>		
<b>Light ceiling/wall details</b>		
<b>Type of application</b>	<input type="checkbox"/> Light ceiling	<input type="checkbox"/> Light wall
<b>Type of lighting</b>	<input type="checkbox"/> Direct backlighting	<input type="checkbox"/> Sidelighting
	<input type="checkbox"/> Decorative (low lux level)	<input type="checkbox"/> General lighting (high lux level)
<b>Required illuminance level (lux level)</b>	On the floor:	
	On the reference plane:	
	On the wall:	
<b>Desired color/color temperature</b>	<input type="checkbox"/> 3000 K	<input type="checkbox"/> RGBW
	<input type="checkbox"/> 4000 K	<input type="checkbox"/> Tunable white
	<input type="checkbox"/> 6500 K	
<b>Dimming solution</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Light management system</b>		
<b>Light ceiling/wall dimensions [mm]</b>	Length:	
	Width:	
	Height:	
<b>Light ceiling mounting height [mm]</b>		
Please attach sketch or drawing of light ceiling/wall if it's not rectangular or circular!		
<b>Type of light-emitting surface material</b>	Transmission [%]:	
<b>Manufacturer</b>		
<b>Product designation</b>	Thickness [mm]:	
<b>Room details</b>		
<b>Room dimensions [mm]</b>	Length:	
	Width:	
	Height:	
<b>Type of material</b> (e.g. concrete, wood, wallpaper, plaster, rock, carpet)	Walls:	
	Floor:	
	Ceiling (excluding light ceiling):	
Please attach sketch or drawing of the room!		
<b>Notes</b>		

**Sketch/drawing**

Please note: You can also send further documents via e-mail attachment.