

# PROJECT QUESTIONNAIRE

**LUMENYTE®** offers a complimentary review of your projects in order to help you achieve successful results. This questionnaire asks for information necessary to perform such a review. LIC also requires scaled drawings to best evaluate the project requirements. Please complete this form and return it, along with the drawings, to your local Lumenyte salesperson. Upon receipt of complete information, review generally will take from **2 - 4 working** days; larger projects may take longer. Thank you very much for your interest in **LUMENYTE®** fiber optic lighting systems.

Lumenyte Contact:	Date:
Name:	Sold To:
Firm:	Location:
Phone:	
Project Name:	Approximate Installation Date:
Project Location:	
The requested drawings can be faxed to (949) 829-5274, e-mailed to design@lumenyte.com or supplied via disk or CD in Autocad .DWG OR .DXF format. Drawings can range from simple hand sketches to elaborate computer drawings. We require <b>COPIES ONLY</b> ; Please retain your original drawings, as Lumenyte cannot be responsible for their return.	
<b>PLEASE NOTE KEY DIMENSIONS OR SCALE ON THE FOLLOWING:</b>	
<b>A. PLAN VIEW</b> clearly noting optical fiber and illuminator location(s). Include surrounding detail (i.e. planters, walls, closets, dead space, garden, etc.)	
<b>B. CROSS SECTION DETAIL</b> through optical fiber and mounting area. Include mounting surface information. For indirect lighting applications, note where lighting effect (throw) is desired.	
<b>C. ELEVATION VIEW</b> clearly noting optical fiber and illuminator location(s). Include surrounding detail. Some designs, such as ceiling or floor, may not require this view.	

1. Describe the lighting application. \_\_\_\_\_  
\_\_\_\_\_
2. What is the approximate fiber optic lighting system budget? \_\_\_\_\_
3. What alternative lighting systems are being considered? \_\_\_\_\_
4. Has the customer seen or used Lumenyte® products? \_\_\_\_\_
5. Is vandalism a concern on the project? \_\_\_\_\_



**LUMENYTE** INTERNATIONAL CORPORATION

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6. What Voltage/Hz is available for the illuminator(s)? \_\_\_\_\_
7. Where will the illuminator(s) be located (Above ground, buried, special enclosure, etc)?  
Mark illuminator location on drawings. \_\_\_\_\_  
\_\_\_\_\_
8. What is the surrounding light level near optical fiber? (ambient light) \_\_\_\_\_
9. What is surface type and background color where fiber mounts? \_\_\_\_\_  
\_\_\_\_\_
10. Is the optical fiber to be functional, decorative or both? If functional, what light level is desired? \_\_\_\_\_  
\_\_\_\_\_
11. What are the angle and distance from which it will be viewed? \_\_\_\_\_
12. What environment is this application being installed in? \_\_\_\_\_
13. Color: Multi-Color wheel or single color only? If Single Color, which? \_\_\_\_\_  
Colors desired other than "Standard" (noted on specification sheet), please note:  
\_\_\_\_\_
14. Is a control system needed for this project? \_\_\_\_\_
15. Will optical fiber be installed indoors or outdoors? \_\_\_\_\_
16. Will fiber be submerged under water? \_\_\_\_\_
17. Do you want a quotation for installation services? \_\_\_\_\_

## **Starfield Applications**

18. What are the dimensions of the room? \_\_\_\_\_
19. What is the star point density desired? \_\_\_\_\_
20. What is the distance from the illuminator location to the farthest star in the ceiling?  
\_\_\_\_\_
21. What is the floor to ceiling height? \_\_\_\_\_
22. What is the ceiling condition? \_\_\_\_\_ Material? \_\_\_\_\_  
\_\_\_\_\_ Thickness? \_\_\_\_\_
23. How much crawl space is there above ceiling? \_\_\_\_\_