

ROAM DCM Qualification Test Request Form

Fixture Manufacture Name: _____

Address _____ City _____ State _____

Contact Name: _____ Phone# _____ email: _____

Complete Fixture model #: _____ .

Serial # of fixture being sent to CTL test lab: _____ . Date sent to CTL test: _____

Does fixture driver have a low dimming limit/dead band? YES NO
If YES, what is the low dimming limit/dead band? _____ vdc
If YES, is the driver low dimming limit/dead band internal to the driver or external? INTERNAL EXTERNAL

Does outdoor fixture driver have a high dimming limit/dead band? YES NO
If YES, what is the high end stop? _____ vdc
If YES, Is the driver high dimming limit/dead band internal to the driver or external? INTERNAL EXTERNAL

What is the fixture system wattage at 0VDC (fully dimmed): _____

What is the rated fixture system wattage at 10VDC: _____

If the minimum fixture Wattage (when fully dimmed) is less than 25W:

- a) May ROAM software limit the low end Wattage to 25W?_ YES NO
- b) At what dimming control input voltage (0-10VDC) does the fixture consumption drop below 25W? _____

Is this model in production?	YES	NO
Is the fixture supplied for testing representative of production design?	YES	NO
Does your fixture application utilize the DCM temperature probe inputs?	YES	NO
Does your fixture application utilize the DCM occupancy sensor input?	YES	NO
Have you read the ROAM Dimming Control Module Installation guide?	YES	NO
Have you wired and mounted the ROAM DCM in your above test fixture according to the guidelines set forth in the Installation Guide?	YES	NO

Notes:

1. All guidelines in ROAM Dimming Control Module Installation guide must be met prior to shipping test fixture.
2. CTL will not perform ANY modifications to the fixture other than wiring to the terminal block. Do not send mockups or prototypes that are not representative of production intent construction.

<p>Send test fixture to: CTL Engineering, Inc. Attn: Hal Dunham, PE 2860 Fisher Road Columbus, OH 43204 614-276-8123</p>	<p>Include a copy of the completed form with the fixture when it is sent.</p> <p>Include a printed copy of the subject test fixture cut sheet with fixture.</p> <p>Include a printed copy of the driver cut sheet with the fixture.</p>	<p>Email a copy of the completed form to: sales@roamservices.net and hdunham@ctleng.com</p>
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What address should CTL return the fixture to?

Address _____ City _____ State _____

Contact: _____ Phone# _____ email: _____

Please allow 5-10 business days from the date the test fixture is received by CTL Engineering for the testing to be completed. The charge for testing your lighting fixture will be \$1,050 and payable to CTL Engineering. The cost of shipping will also be billed to you.

This Section to be filled out by CTL

Date request received: _____

Date fixture received: _____

Date report completed and sent to ROAM/Customer: _____

Does the fixture comply with all requirements: Yes No.

Signature: _____
