

CSA Testing:

Return Material Authorization form

Please fill out this form for requesting a RMA number. Do not return any fixtures without being issued a RMA number.

Any fixtures returned without a RMA number will not be processed.

	,				
"*" information must be provided			Date:		
RMA number			Please send the fixture(s) to the following address for examination:		
Issued Date			#155, 19358 96 TH Ave.		
*Required by			Surrey, BC V4N 4C1, Canada		
*Contact Name		<u>'</u>			
*Phone Number			*E-Mail		
*PO #					
*Project/ Job Name	•		I		
*Model No.				Quantity	
*Fixture Specs			l .	L	
*Date of Installed					
*Facility Informatio	n Input Voltage:	Input Voltage:		Ambient Temperature:	
*Fault Description				I.	
* Fixture(s) Return processing)					
For Lumingen Inter	nal Use Only				
WO number			Date		
Fixture Configuration	on	1		-	
Wattage		Voltage)		
CCT		CRI	CRI		
Optical		Lens			
Dimming		Cable L	ength		
Mounting					
Motion Sensor		Photoco			
Burning Testing by:		Final P	acking:		

Approved by: