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Warranty Claim Form

(* Indicates required information!)

Our goal is to provide customers with the best possible service. A completed claim form will facilitate that process. Therefore, please provide all the information requested.

Please e-mail completed claim form to accountsreceivable@RobertsonLighting.com
 For questions concerning the claim process, please e-mail us at info@RobertsonLighting.com

*****WARRANTY CLAIMS CANNOT BE PROCESSED WITHOUT LOT CODE INFORMATION*****

* I am: Contractor Distributor End-User OEM

Customer & Contact Info:

* Contact: _____ * Phone: _____
 Customer: _____
 * E-Mail: _____

Product Ship To Address:

* Name: _____ * City: _____
 * Address: _____ * State: _____ * Zip: _____

Installation Address:

* Name: _____ * City: _____
 * Address: _____ * State: _____ * Zip: _____

* **Type of Installation:** (New Installation Retrofit) (Indoor Outdoor Other (Describe):)

If known where purchased, please state: _____

*** Ballast Info:**

*Catalog Number	*Lot Code Number	*Date of Install	*Total Number Installed	*Number not Working	*Date of First Failure	*Voltage at Site	*Version-Required for Magnetic Product

** Note: A Lot code number identifying the manufacturing date is on each unit shipped from the factory. This number can be found stamped on the side or bottom of the case, or printed on a white label affixed to the case.*

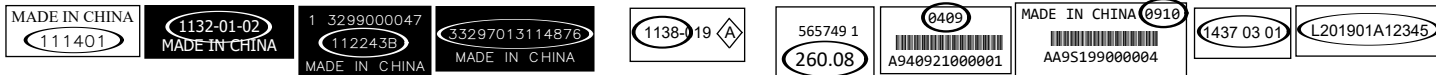
Please enter the (Lot Code) number in section **A** above. Examples below: (STAMPED) or (LABEL)

STAMPED

LABEL

MAIN

SECONDARY



*** Problem:** (select all that apply)

Will not Start Dim Cycling Strobging Flicker Shuts off after time One or more lamps off Striation / Barber pole

* Detailed Description of Problem (visual, sound, etc.)



* **Lamp Type:** Linear Compact Circular Other (Describe): _____

* **Lamp Info:**

*Manufacturer	*Lamp Wattage	*Lamp Catalog Number	*Date of Install	*Lamps per Ballast	Lamp Date Code

* **Type of Fixture:** Surface Recessed Pendant High Bay Remote - Lamp(s) remote from Ballast Distance _____

* **Fixture Info:**

*Manufacturer	*Fixture Name	*Fixture Model Number	Number of Fixtures per Circuit	Lamp Duty Cycles per day

* **Fixture Location:** (Attach photos of location if possible)

* Description of fixture location and Installation (Ambient temperature, height of fixture, distance from fixture to electrical panel, wire gauge at fixture, modular wiring / quick disconnect (part#) ?)

Control	Switch or Circuit Breaker	Daylight Harvesting Sensor	Occupancy Sensor	Photo Sensor	Other
Manufacturer					
Model Number					

Electrical Measurements

Voltage	Line to Line	Line to Neutral	Line to Ground	Neutral to Ground	Grounding Method	Last Maintenance (Date)
Fixture						
Panel						

Robertson's liability on any claim of any kind for any loss or damages arising out of, resulting from or concerning any aspect of this warranty or from the product or services furnished hereunder shall not exceed the price paid to Robertson for the specific ballast or ballasts which gives rise to the claim.

* **Form completed by:** _____

* **Date:** _____

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After Robertson review, you will receive a confirmation by e-mail.