

Application Evaluation Questionnaire

Please provide our applications team with as much information as possible:

Name:

Company Name:

Address:

City, State, Zip:

E-mail:

Phone:

Can you provide samples for us to image? Yes / No

Describe the goal of the inspection: _____

Describe the part, features of interest and background (ex. topography, surface properties):

What is the field of view (x & y)? _____

What is the lens to part distance? _____

Is the vision system black & white or color? _____

Will the part be stationary or moving? _____

Define the space available for lighting: _____

Please let us know if there are other factors to consider (ex. ambient lighting, environmental, system or maintenance requirements): _____

Send your samples to:

LDDLIGHT.com - LDD Trading Associates, LLC
119B Emerson Road
Milford, NH 03055
Attn: Application Services