

*Company:	*Job Name:		
Address:	*Location:	*Location State:	
	*Elevator #:	Building:	
*Contact Person:	ANSI Code Year A17.1-		
Phone:	*Email:		
Quote Needed By:	Estimated Ship Date:		
Original Manufacturer:			

New Construction

Modernization

GENERAL INFORMATION

*Car Labels	<input type="checkbox"/> Same as # _____	<input type="checkbox"/> Same as # _____	<input type="checkbox"/> Same as # _____	
*Capacity	lbs	lbs	lbs	
Class of Loading				
Gross Weight	lbs	lbs	lbs	
*Travel	ft/in	ft/in	ft/in	
*Speed				
*Landings				
*Front Openings				
Rear Openings				
Side Openings				
Hatch Width				
Hatch Depth				
*Overhead				
*Pit Depth				
*Voltage				
*Phase				
*Electrical Rating: Hoistway	<input type="checkbox"/> NEMA 1** <input type="checkbox"/> Other _____	<input type="checkbox"/> NEMA 1** <input type="checkbox"/> Other _____	<input type="checkbox"/> NEMA 1** <input type="checkbox"/> Other _____	<input type="checkbox"/> NEMA 1** <input type="checkbox"/> Other _____
*Electrical Rating: Machine Room	<input type="checkbox"/> NEMA 1** <input type="checkbox"/> Other _____	<input type="checkbox"/> NEMA 1** <input type="checkbox"/> Other _____	<input type="checkbox"/> NEMA 1** <input type="checkbox"/> Other _____	<input type="checkbox"/> NEMA 1** <input type="checkbox"/> Other _____

General Additional Information

* Required Information

** Indicates Standard Material

Quote Section

HOISTWAY DETAILS

*Car Labels		<input type="checkbox"/> Same as # _____	<input type="checkbox"/> Same as # _____	<input type="checkbox"/> Same as # _____
*Platform Width				
*Platform Depth				
*Sub-Floor Material	<input type="checkbox"/> **2 Layers 15/32 Plywood <input type="checkbox"/> Other _____	<input type="checkbox"/> **2 Layers 15/32 Plywood <input type="checkbox"/> Other _____	<input type="checkbox"/> **2 Layers 15/32 Plywood <input type="checkbox"/> Other _____	<input type="checkbox"/> **2 Layers 15/32 Plywood <input type="checkbox"/> Other _____
Finish Floor - Thickness				
Finish Floor - Weight		lbs	lbs	lbs
Sling, Brace Rods, Fastener Package	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pit Assembly	<input type="checkbox"/> Spring Buffers <input type="checkbox"/> Oil Buffers	<input type="checkbox"/> Spring Buffers <input type="checkbox"/> Oil Buffers	<input type="checkbox"/> Spring Buffers <input type="checkbox"/> Oil Buffers	<input type="checkbox"/> Spring Buffers <input type="checkbox"/> Oil Buffers
Rail Guides	<input type="checkbox"/> Slide <input type="checkbox"/> Roller <input type="checkbox"/> Swivel	<input type="checkbox"/> Slide <input type="checkbox"/> Roller <input type="checkbox"/> Swivel	<input type="checkbox"/> Slide <input type="checkbox"/> Roller <input type="checkbox"/> Swivel	<input type="checkbox"/> Slide <input type="checkbox"/> Roller <input type="checkbox"/> Swivel
Rail Brackets	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fishplates - Seismic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guiderails - Size				

- | | |
|--|--|
| <input type="checkbox"/> Car Top Inspection Station w/ Fire Service | <input type="checkbox"/> Government Submittal Package |
| <input type="checkbox"/> 3 Maintenance Manuals <input type="checkbox"/> Other Quantity _____ | <input type="checkbox"/> Standard Paint <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Engineering Layout/Drawings | <input type="checkbox"/> Certified Engineer Stamp On Drawings |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Rail Lubricators |
| *Seismic Application Zone _____ | <input type="checkbox"/> Platform Isolation <input type="checkbox"/> Full <input type="checkbox"/> Partial |
| <input type="checkbox"/> Pit Ladder <input type="checkbox"/> Cab Pads & Hooks | <input type="checkbox"/> Top of Car Handrail |

Hoistway Details Additional Information

Quote Section

PUMP UNITS

- Room Adjacent Remote
- *Pump Unit Type Dry Submersible

*Car Labels		<input type="checkbox"/> Same as # _____	<input type="checkbox"/> Same as # _____	<input type="checkbox"/> Same as # _____
*Travel	ft/in	ft/in	ft/in	ft/in
*Car Weight	lbs	lbs	lbs	lbs
Gross Load	lbs	lbs	lbs	lbs
*Existing Piston Diameter	in	in	in	in
*Existing HP	hp	hp	hp	hp
Full Load Running PSI	psi	psi	psi	psi
Valve Coil Current	<input type="checkbox"/> AC <input type="checkbox"/> DC	<input type="checkbox"/> AC <input type="checkbox"/> DC	<input type="checkbox"/> AC <input type="checkbox"/> DC	<input type="checkbox"/> AC <input type="checkbox"/> DC
Valve Coil Voltage	in	in	in	in
Oil Line Size	in	in	in	in

Hand of Unit	<input type="checkbox"/> LH <input type="checkbox"/> RH	<input type="checkbox"/> LH <input type="checkbox"/> RH	<input type="checkbox"/> LH <input type="checkbox"/> RH	<input type="checkbox"/> LH <input type="checkbox"/> RH
Oil Viscosity Control	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Heater	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Isolation Pads	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pipe Rupture Valve	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ball Valve	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Door Height		ft/in	ft/in	ft/in
Door Width		ft/in	ft/in	ft/in

Include Oil Cooler Mounts to New Pump Unit Remote Mounting (max up to 55 ft vertical or 110 ft horizontal distance)

Pump Units Additional Information

Quote Section **REPLACEMENT JACKS**

*Jack Type In-Ground Holeless Telescoping

*Car Labels		<input type="checkbox"/> Same as # _____	<input type="checkbox"/> Same as # _____	<input type="checkbox"/> Same as # _____
*Capacity	lbs	lbs	lbs	lbs
*Car Weight	lbs	lbs	lbs	lbs
*Gross Load	lbs	lbs	lbs	lbs
*Total Travel	ft/in	ft/in	ft/in	ft/in
*Piston Diameter	in	in	in	in
*Cylinder Diameter	in	in	in	in
*# of Sections Needed				
Pit Channels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buffers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PVC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Jacks Additional Information

Quote Section **CONTROLLERS**

*Elevator ID (car label)		<input type="checkbox"/> Same as # _____	<input type="checkbox"/> Same as # _____	<input type="checkbox"/> Same as # _____
*Simplex / Group (2 or more cars)				
*Number of Stops/Openings				
Rear Openings/@Landings				
*Existing HP				
*Starter Type	<input type="checkbox"/> ATL <input type="checkbox"/> YD <input type="checkbox"/> S/S	<input type="checkbox"/> ATL <input type="checkbox"/> YD <input type="checkbox"/> S/S	<input type="checkbox"/> ATL <input type="checkbox"/> YD <input type="checkbox"/> S/S	<input type="checkbox"/> ATL <input type="checkbox"/> YD <input type="checkbox"/> S/S

Landing System Type	<input type="checkbox"/> Tape <input type="checkbox"/> Vane	<input type="checkbox"/> Tape <input type="checkbox"/> Vane	<input type="checkbox"/> Tape <input type="checkbox"/> Vane	<input type="checkbox"/> Tape <input type="checkbox"/> Vane
Valve Manufacturer				
Valve Model				
Valve Coil Voltage				
Motor FLA				
Motor Leads				
*Starts per hour				
*Fixture Voltage				
*Number of COPs (1-4)				
*Number of Hall Call Risers				
Battery Lowering Interface	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Battery Lowering	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CE Digital Driver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital Emergency Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Power Interface	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Earthquake Interface	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Absolute Floor Encoding	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attendant Operation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hall Lantern Interface	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Keyed Floor Lockout	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Card Reader Interface	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Voice Annunciation Interface	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dual Pump Unit Interface	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil Viscosity Interface	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nudging	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Standard Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical Limits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Door Mfg. (GAL/MAC/Otis...)				
**Door Operator Model				

**Standards - Door interface to the TOC board requires a solid state door operator / Fixtures must be 24Vdc

Controller Features & Accessories

- | | | |
|--|---|--|
| <input type="checkbox"/> Attendant (Porter) Service | <input type="checkbox"/> Enclosure Interior Lighting (Main Encl.) | <input type="checkbox"/> Security-Car Call Key Floor Lockouts |
| <input type="checkbox"/> Hot Oil Switch | <input type="checkbox"/> Fire Panel / Lobby Panel Interface | <input type="checkbox"/> Security-Hall Call Card Readers |
| <input type="checkbox"/> Cab Fan & Light Timed Operation | <input type="checkbox"/> GFCI Duplex Outlet (Main Enclosure) | <input type="checkbox"/> Security-Hall Call Key Floor Lockouts |
| <input type="checkbox"/> Car to Lobby Switch | <input type="checkbox"/> Hall Lanterns & Chimes | <input type="checkbox"/> Serial PI Driver (3-wire): CE Microcomm |

- | | | |
|---|--|--|
| <input type="checkbox"/> Code Blue (Hospital Service) | <input type="checkbox"/> Load Weighing Device | <input type="checkbox"/> Serial PI Driver (3-way): MAD |
| <input type="checkbox"/> Cross Registration Panel | <input type="checkbox"/> Load Weighing Interface | <input type="checkbox"/> Spare Pixel Board Set |
| <input type="checkbox"/> Door Hold Operation | <input type="checkbox"/> Pit Flood Switch Operation | <input type="checkbox"/> Swing Car Operation (IR) |
| <input type="checkbox"/> Emergency Power Operation | <input type="checkbox"/> Sabbath Operation | <input type="checkbox"/> Final Limit Switches (Mechanical) |
| <input type="checkbox"/> Emergency Power Overlay | <input type="checkbox"/> Security-EC Basic (Using COP buttons) | <input type="checkbox"/> Rope Clips |
| <input type="checkbox"/> EMT (Massachusetts) Service | <input type="checkbox"/> Security-Car Call Card Readers | |

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Machine Room Special Rating | <input type="checkbox"/> Hoistway Special Rating | <input type="checkbox"/> Travel Cable
ft. _____ | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> NEMA 12 | <input type="checkbox"/> NEMA 12 | Kellem Grips Quantity | <input type="checkbox"/> Web-Interact |
| <input type="checkbox"/> NEMA 4 | <input type="checkbox"/> NEMA 4 | _____ | <input type="checkbox"/> LiftNet Interface |
| <input type="checkbox"/> NEMA 4X | <input type="checkbox"/> NEMA 4X | | <input type="checkbox"/> Machine Room PC |
| | | | <input type="checkbox"/> Remote Lobby PC |
| | | | <input type="checkbox"/> Printer |

Sales quote is subject to revision, if the final engineering data form values differ from the information provided.

Controllers Additional Information

Quote Section **FIXTURES - GENERAL (Complete for COP and/or HALL)**

Indicate Pushbutton Type

- | | | | |
|----------------|------------------------------------|------------------------------------|------------------------------------|
| *Round Buttons | <input type="checkbox"/> BS Series | <input type="checkbox"/> BP Series | <input type="checkbox"/> Dune |
| *Braille Type | <input type="checkbox"/> Round | <input type="checkbox"/> Square | <input type="checkbox"/> Half Moon |

Quote Section **FIXTURES - CAR OPERATING PANEL**

- | | | | | |
|--|--|---------------------------------------|--|---|
| Type | COP Style | COP Finish | COP Lamp Voltage | COP Engraving |
| <input type="checkbox"/> Main COP | <input type="checkbox"/> Applied Panel | <input type="checkbox"/> #4 Stainless | <input type="checkbox"/> 24 | <input type="checkbox"/> No Smoking |
| <input type="checkbox"/> Auxiliary COP | <input type="checkbox"/> Hinged | <input type="checkbox"/> #4 Muntz | <input type="checkbox"/> Multivolt (6v-120v) | <input type="checkbox"/> Additional COP engraving |
| | <input type="checkbox"/> Dover Impulse | <input type="checkbox"/> #8 Stainless | | |
| | <input type="checkbox"/> Swing Return | <input type="checkbox"/> #8 Muntz | | |

*** All items in red are Standard COP items.

Car Labels		<input type="checkbox"/> Same as # _____	<input type="checkbox"/> Same as # _____	<input type="checkbox"/> Same as # _____
Fire Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provisions for Future Fire Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fan Key Switch	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Light Key Switch	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Independent Service Key Switch	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attendant Operation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Light Test Switch	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital Emergency (Code Blue)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Inspection Key Switch	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Keyed Floor Lockouts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate Lockout Floor/s				
Attendant Cabinet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handsfree Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Light	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate Frame	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Jack	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intercom Provisions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Card Reader Provisions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Voice Annunciation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Digital PI in COP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Quote Section **FIXTURES - HALL STATIONS**

Hall Station Type

- Flush (Incl Box)
- Flush (Reuse existing box)
- Surface Mount
- Pan Shaped

Hall Lamp Voltage

- 24
- Multivolt (6v-120v)

Digital Hall Station PI's

- No
- Yes @Floors _____

Hall Station Finish

- #4 Stainless
- #4 Muntz
- #8 Stainless
- #8 Muntz

Hall Station Braille

- Yes
- No

Hall Station Engraving

- California - Main & Flames
- ANSI - 3 Flames
- Other / Special _____

Hall Station Lamp Type

- LED (Standard)

Quote Section **FIXTURES - LANTERNS**

Lantern Type

- Car Lanterns
- Hall Lanterns

Finish

- #4 Stainless
- #4 Muntz
- #8 Stainless
- #8 Muntz

Lantern Style

- Horizontal
- Vertical

Arrow Style

- Triangle
- 3" Round
- Vandal Resistant
- Digital

Lantern Voltage

- 24
- Multivolt (6v-120v)

Mounting

- Standard (Incl. Box)
- Reuse Existing Box
- Surface Mount

Quote Section **FIXTURES - POSITION INDICATORS**

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 7" Giotto | <input type="checkbox"/> Car | <input type="checkbox"/> Hall | <input type="checkbox"/> Digital Hall Position Indicators |
| <input type="checkbox"/> Custom Display | <input type="checkbox"/> With Direction Arrows | <input type="checkbox"/> With Direction Arrows | <input type="checkbox"/> Segmented |
| <input type="checkbox"/> 2" Segmented | <input type="checkbox"/> No Arrows | <input type="checkbox"/> No Arrows | <input type="checkbox"/> LED |
| | | @Floors _____ | <input type="checkbox"/> Combo Digital w/ Lanterns |
| | | | @Floors _____ |

Lamp Type

- LED (Standard)

Finish

- #4 Stainless
 #4 Muntz
 #8 Stainless
 #8 Muntz

Mounting

- Standard (Incl. Box)
 Reuse Existing Box
 Surface Mount

Lamp Voltage

- 24
 Multivolt (6v-120v)

Fixture Additional Information

Quote Section **DOOR OPERATORS**

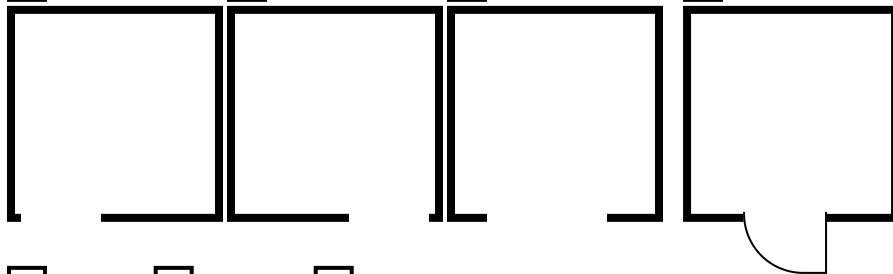
Landings

- *Front _____ *Rear _____ Right Hand (Rear) Left Hand (Rear) Center (Rear)

***Door Opening**

*Width _____ *Height _____

- *Left Hand *Right Hand *Center Parting *Swing Hatch



- *NEW INSTALLATION *MODERNIZATION

Replacing Doors?

- Car Hatch

- *S/S *2/SP *3/SP

***QTY PRODUCT**

Door Operator

(Includes drive arm and gate switch)

- 220 V
 115 V

Single Phase 500VA Supply Required

Harmonic Operators

- MOVFR11
 MODL
 MOHL
 MOVFE-HH
 Other _____

Linear Operators

- MONXT
 MOVFE-HL
 Other _____

Parameter Unit

QTY: _____

- Hand Held
 Operator Mounted

***Car Door Hanger**

QTY: _____

(Includes header, track, and hangers)

Header Height: _____

(Distance from top of car door to operator)

***Car Door Clutch**

QTY: _____

- With Zone Lock
 Without Zone Lock

Hatch Door Hanger

(Includes track, and hangers)

QTY: _____

Interlock

(Includes roller release)

QTY: _____

***Infrared Curtain**

QTY: _____

- Formula FCU47
- Janus 3D
- Tri-Tronics Leading Edge (Waterproof)
- Other _____

***Door Closer**

QTY: _____

- Spring (Linkage)
- Reel (Spirator)
- (S/S & C/P Doors Only)
- Smartork

Key Box

QTY: _____

- Flush Mounted
- Surface Mounted
- #4 Satin
- #8 Mirror
- Stainless Steel
- Muntz Metal

Emergency Key

QTY: _____

Additional Equipment Info

CAB MFG.

- New
- Existing

ENTRANCE MFG.

- New
- Existing

CONTROLLER MFG.

- New
- Existing

Door Operators Additional Information

Quote Section **COMPLETE ENTRANCES / DOOR PANELS**

***DOOR TYPE - (1 1/4 in Thick Panels)**

- SINGLE SPEED CENTER OPENING - 1CO
- TWO SPEED CENTER OPENING - 2CO
- SINGLE SPEED SIDE OPENING - 1SO
- TWO SPEED SIDE OPENING - 2SO
- THREE SPEED SIDE OPENING - 3SO

***QUANTITY LANDING**

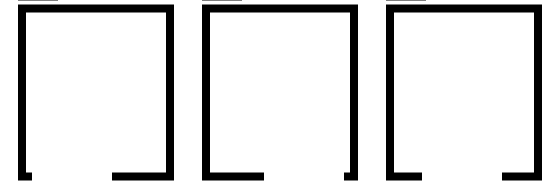
DOORS: _____

TRAVEL

TOTAL TRAVEL: _____

***HANDING**

- Left
- Right
- Center



***OPENING WIDTH**

- 36 in
- 42 in
- 48 in
- 54 in
- 60 in
- OTHER _____

***OPENING HEIGHT**

- 84 in
- 96 in
- 108 in
- OTHER _____

***OPERATOR TYPE**

- GAL Standard
- OTHER _____

SILL CONSTRUCTION

- PSD STANDARD GROUTLESS
- PSD GROUTLESS WITH GUSSETS
- PSD GROUTLESS WITH ANGLE
- ANGLE BY OTHERS / POCKET 3in - 6in
- ANGLE BY OTHERS POCKET 3in MAX

***SILL FINISH**

- EXTRUDED ALUMINUM
- EXTRUDED STAINLESS STEEL
- NICKEL SILVER
- STAINLESS STEEL
- BRONZE

***HOISTWAY WALL**

Thickness (inches) _____

- MASONRY (BLOCK)
- DRYWALL

***FRAME TYPE**

- BOLTED KNOCK-DOWN
- WELDED
- WELDED AND MITERED

***ENTRANCE FINISH**

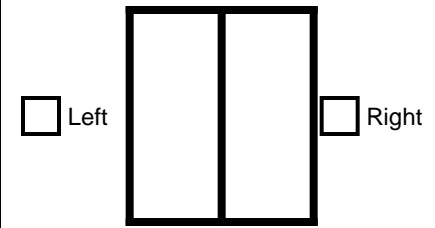
- PRIME PAINTED GREY MATTE (RAL 7044)
- PAINTED (RAL)
- STAINLESS, 304 #4 (SATIN)
- STAINLESS, 316 #4 (SATIN)
- STAINLESS, 5WL RIGIDIZED (RIMEX)
- STAINLESS, BLACKENED
- STAINLESS, 304 #8 MIRROR
- BRONZE MUNTZ, #8 MIRROR
- BRONZE MUNTZ, #4
- BRONZE MUNTZ, LIGHT OXIDIZE
- BRONZE MUNTZ, DARK OXIDIZE
- GALVANIZED
- VORTEX, NON DIRECTIONAL

UNLOCKING KEY HOLE

- STD ESCUTCHEON
- NONE

KEYHOLE LOCATION

LOOKING FROM HALLWAY



ONLY REQUIRED FOR CENTER OPENING DOORS

Complete Entrances Additional Information

STANDARD CONSTRUCTION SPECIFICATIONS

1. Passenger Entrances are 1-1/2 hour fire rated UL labeled
2. Door Panels 16 Gauge Face Sheet, 16 Gauge Back Sheet
3. Two Door Guides and one 14 gauge safety retainer per panel
4. Standard GAL equipment mounting provisions are included
5. Frames: 14 Gauge Sheet with a 2" square profile (bolted, welded, or welded and mitered)
6. Fascia: 16 Gauge Sheet with maximum 12 ft floor height maximum (blind fascia for skipped or bypassed floors are non-standard)
7. Standard Header and Strut Design: 12 Gauge including Hoistway Material (header, struts, etc.)
8. Sill Construction: Aluminum (standard), Nickel Silver, Stainless Steel or Bronze are optional

Quote Section

REPLACEMENT PANELS

***QUANTITY**

LANDING DOORS _____ CAR DOORS _____

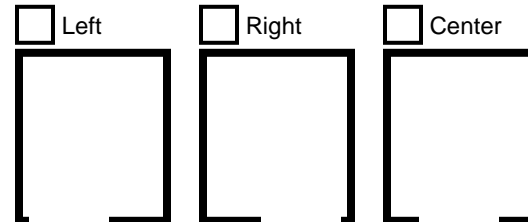
APPROVAL DRAWING REQUIRED?

- YES NO

***DOOR TYPE - (1 1/4 in Thick Panels)**

- SINGLE SPEED CENTER OPENING - 1CO
- TWO SPEED CENTER OPENING - 2CO
- SINGLE SPEED SIDE OPENING - 1SO
- TWO SPEED SIDE OPENING - 2SO
- THREE SPEED SIDE OPENING - 3SO

***HANDING**



***DOOR FINISH**

- | | | |
|--|---|--|
| <input type="checkbox"/> PRIME PAINTED GREY MATTE (RAL 7044) | <input type="checkbox"/> STAINLESS, BLACKENED | <input type="checkbox"/> BRONZE MUNTZ, LIGHT OXIDIZE |
| <input type="checkbox"/> PAINTED (RAL) | <input type="checkbox"/> STAINLESS, 304 #8 MIRROR | <input type="checkbox"/> BRONZE MUNTZ, DARK OXIDIZE |
| <input type="checkbox"/> STAINLESS, 304 #4 (SATIN) | <input type="checkbox"/> BRONZE MUNTZ, #8 MIRROR | <input type="checkbox"/> GALVANIZED |
| <input type="checkbox"/> STAINLESS, 316 #4 (SATIN) | <input type="checkbox"/> BRONZE MUNTZ, #4 | <input type="checkbox"/> VORTEX, NON DIRECTIONAL |
| <input type="checkbox"/> STAINLESS, 5WL RIGIDIZED (RIMEX) | | |

***OPENING WIDTH**

- 36 in
- 42 in
- 48 in
- 54 in
- 60 in
- OTHER _____

PANEL WIDTH (inches) _____

PANEL HEIGHT (inches) _____

***OPENING HEIGHT**

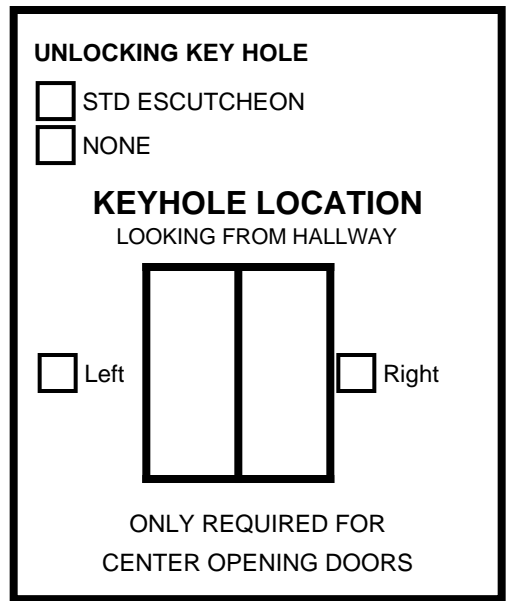
- 84 in
- 96 in
- 108 in
- OTHER _____

***PANEL THICKNESS**

- 1 1/4 in
- 1 1/2 in
- 2 3/4 in
- 1 in (CAR ONLY)

***OPERATOR TYPE**

- GAL Standard
- OTHER _____



Replacement Panels Additional Information

Door Panel Kit Includes:

Nylon Gibs, Safety Retainer, Sight Guard, Escutcheon & Neoprene Astragal for Center Opening Doors 1 1/2 HR UL Labels (landing doors only) where allowed

Material Not Included:

Access Switch, Braille Plates, Painted/Applied Floor Designations

Panel Construction

16 GA front sheet & back sheet Reinforced Panel drilled per operator template

Quote Section

CABS COMPLETE

*Car Labels	<input type="checkbox"/> Same as # _____	<input type="checkbox"/> Same as # _____	<input type="checkbox"/> Same as # _____
*Capacity			
Elevator Type			
If Freight, Loading Requirements			
*Platform Width	ft/in	ft/in	ft/in
*Platform Depth	ft/in	ft/in	ft/in
*Cab Height	ft/in	ft/in	ft/in
*Front Openings			
*Rear Openings			
*Car Door Type (Select One)	<input type="checkbox"/> 1spd SS <input type="checkbox"/> 2spd SS <input type="checkbox"/> 3spd SS <input type="checkbox"/> Cntr Open <input type="checkbox"/> 2spd CO	<input type="checkbox"/> 1spd SS <input type="checkbox"/> 2spd SS <input type="checkbox"/> 3spd SS <input type="checkbox"/> Cntr Open <input type="checkbox"/> 2spd CO	<input type="checkbox"/> 1spd SS <input type="checkbox"/> 2spd SS <input type="checkbox"/> 3spd SS <input type="checkbox"/> Cntr Open <input type="checkbox"/> 2spd CO
Door Operator Mfg/Type			
*Car Door Opening Width/s	ft/in	ft/in	ft/in
*Car Door Opening Height/s	ft/in	ft/in	ft/in
*Door Finish			

*Sill Finish				
*New Sling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*New Platform?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Cabs Complete Additional Information

Quote Section **ELEVATOR INTERIORS - PROJECT INFORMATION**

*NUMBER OF CABS: _____

- | | | | | |
|---|---|---|--|---|
| <p>*Building Type</p> <input type="checkbox"/> Residential
<input type="checkbox"/> Corporate
<input type="checkbox"/> Medical
<input type="checkbox"/> Educational
<input type="checkbox"/> Hotel
<input type="checkbox"/> Other _____ | <p>*Job Type</p> <input type="checkbox"/> Existing Shell
<input type="checkbox"/> Supply New Shell

<p>*Scope</p> <input type="checkbox"/> Cab Interior Only
<input type="checkbox"/> Cab Interior & Fronts | <p>*Capacity (lbs)</p> <input type="checkbox"/> 2000
<input type="checkbox"/> 2500
<input type="checkbox"/> 3000
<input type="checkbox"/> 3500
<input type="checkbox"/> 4000
<input type="checkbox"/> 4500
<input type="checkbox"/> 5000
<input type="checkbox"/> Other _____ | <p>*Opening Type</p> <input type="checkbox"/> Center Opening
<input type="checkbox"/> Side Opening

<p>*Door Speed</p> <input type="checkbox"/> Single Speed
<input type="checkbox"/> Double Speed | <p>Sill Material</p> <input type="checkbox"/> Aluminum
<input type="checkbox"/> Stainless Steel
<input type="checkbox"/> Nickel Silver |
|---|---|---|--|---|

Quote Section ***ELEVATOR INTERIORS - LAYOUT OPTIONS**

Back Wall Choice _____ **Side Wall Choice** _____ Dorado Tucana Carina A-Look™ C-Look™ Other _____

Quote Section ***ELEVATOR INTERIORS - EDGING OPTIONS**

"L" Binder (11 GA) "J" Mitered Binder A-Look™ Binder C-Look™ Binder Other _____

Quote Section ***ELEVATOR INTERIORS - CEILING OPTIONS**

None Europa Pandora Phoenix Titan (Perforated Ceiling) Other _____

Quote Section ***ELEVATOR INTERIORS - HANDRAILS OPTIONS**

- | | | |
|---|---|--|
| <input type="checkbox"/> None
<input type="checkbox"/> Back Wall
<input type="checkbox"/> Side Wall
<input type="checkbox"/> All Walls | <input type="checkbox"/> Round 1 1/2"
<input type="checkbox"/> Flat Bar 2" x 1/4"
<input type="checkbox"/> Flat Bar 3" x 1/4" | <p>Bend</p> <input type="checkbox"/> Entrance Only Return End
<input type="checkbox"/> All Return Ends |
|---|---|--|

Quote Section ***ELEVATOR INTERIORS - BUMPER OPTIONS**

- | | | |
|---|--|--|
| <input type="checkbox"/> None
<input type="checkbox"/> Back Wall
<input type="checkbox"/> Side Wall
<input type="checkbox"/> All Walls | <input type="checkbox"/> Flat Bar 3" x 1/4"
<input type="checkbox"/> Flat Bar 6" x 1/4" | <p>Bend</p> <input type="checkbox"/> Entrance Only Return End
<input type="checkbox"/> All Return Ends |
|---|--|--|

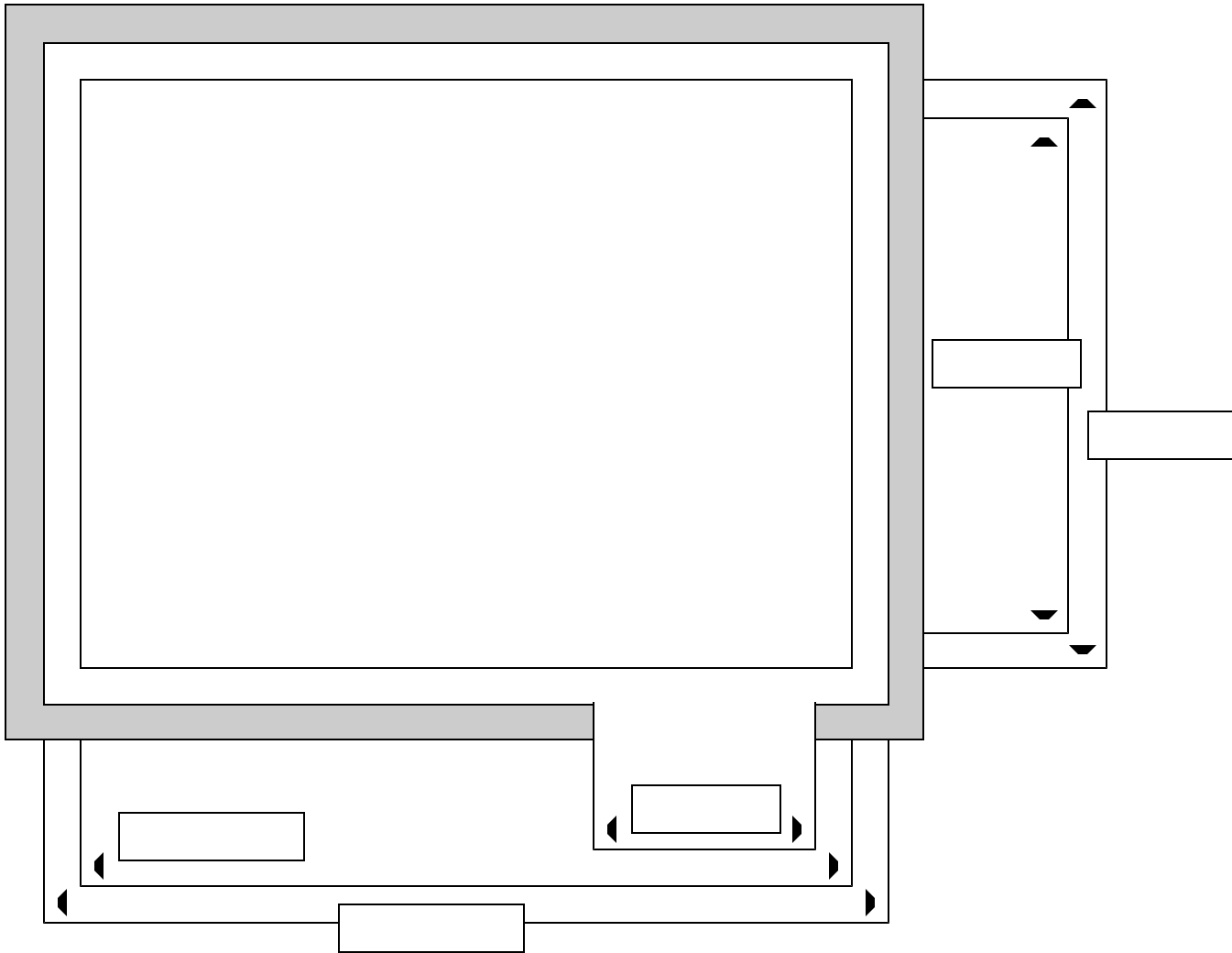
Finish

- Standard MAD Laminate (See Design Guide)
- Royal Deco 2WL
- Royal Deco 5WL
- Heavy Traffic (below handrail)
- Other _____

Floor Tiling

- Standard MAD Tiles (Regal)
- Other _____

Elevator Interiors Additional Information



Enter floor markings & travel for each floor served

Overhead

12 12

11 11

10 10

9 9

8 8

7 7

6 6

5 5

4 4

3 3

2 2

1 1

Pit Depth

Front Rear

Arch. Prints Available?

Yes

No

Elevator Data Additional Information

STANDARD EXCEPTIONS

No Power Disconnects
No Inserts
No Machine Beams

No Rail Mounting Beams
No Finish Floor Covering

No Hall Fire Signs
No Smoke Detection
No Rail Backing

Quote Section

SPECIAL REQUIREMENTS

Special Code(s)

WBE/MBE

Buy American Act

U.S. Steel

Federal Acquisition Regulations