

Company:	Job Name:		
Address:	Location:	Location State:	
	Elevator #:	Building:	
Contact Person:			
Phone:	Email:		
Quote Needed By:	Estimated Ship Date:		
Original Manufacturer:			

New Construction
  Modernization

## 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
Speed			
Landings			
Overhead			
Pit Depth			
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
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
Car Weight	lbs	lbs	lbs
Gross Load	lbs	lbs	lbs
Total Travel	ft/in	ft/in	ft/in
Piston Diameter	in	in	in
Cylinder Diameter	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
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
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

ANSI Code Year A17.1- (Not Entered)

<b>Jacks Additional Information</b>
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