

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

New Construction

Modernization

CAB SHELL

*Car Labels	<input type="checkbox"/> Same as # _____	<input type="checkbox"/> Same as # _____	<input type="checkbox"/> Same as # _____
*Capacity			
Class of Loading			
*Front Openings			
Rear Openings			
Side Openings			
*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 _____
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: _____

** Required Field*