

*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 _____
*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 _____

General Additional Information

TRACTION MACHINE

Machine Location

***Estimated Empty Car Weight**

***Counterweight %**

***Double Wrap Required**

Roping Drive Equipment

- *Overhead *1:1
- *Basement *2:1
- *MRL

- *VV/VF/AC
- *DC-SCR
- *DC/MG Set

- Machine Geared Gearless
- Hoist Motor
- Encoder / Tachometer

- Main Ropes
- Governor Rope
- Rope Shackles (Weight-Type)
- Existing Compensation

Encoder / Tachometer Length _____

- Governor / Tension Weight
- Deflector Sheaves

- Car Safety
- Type A
- Type B

- Counterweight Safety
- Type A
- Type B

- Counterweight Frame
- Counterweight Filler Weights

Traction Machine Additional Information

**Required Information*