



RFQ FORMS

Complete Cabs

Company: _____	Job Name: _____
Contact: _____	Job Location: _____
Phone: _____	Fax: _____
Address: _____	E-Mail: _____
_____	Today's Date: _____
City/State/Zip: _____	Quote Due Date: _____

GENERAL INFORMATION (REQUIRED)

INSTRUCTIONS: (1) Complete this General Information section. (2) Mark the products you would like us to quote. (3) For each product, provide the necessary information in the space provided. (4) Supply additional information or details in the notes space at the end of each product section.

Please request complete survey forms when you are ready to proceed with any order

Do job specifications exist for the project? Yes No

Code Compliance:

- ASME A17.1 – 1996 – 99
- ASME A17.1 – 2000
- ASME A17.1 – 2004 / 05
- Other _____

Special Code Jurisdiction:

- CA New York
- Houston Chicago
- Mass EMT
- Other _____

Seismic Zone: 0 1 2 3 4

Environment:

- NEMA 1 Vented, General Purpose
- NEMA 4 Watertight
- NEMA 4X Watertight, Corrosion Resistant
- NEMA 12 Dust Resistant

Machine Room Hoistway

-
-
-
-

Car Labels				
Speed	fpm	fpm	fpm	fpm
Capacity	lbs	lbs	lbs	lbs
Operation				
Stops				
Front Openings				
Rear Openings				
Floor Labels				
Line Voltage				
Door Operator Type / Model				

General Notes: _____

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***Custom Cab Details (Complete if no Quick Select Standard Cab Selected Above)

Car Labels	_____	<input type="checkbox"/> Same as car # _____	<input type="checkbox"/> Same as car # _____	<input type="checkbox"/> Same as car # _____
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Cab Shell	<input type="checkbox"/> Stainless #4	<input type="checkbox"/> Stainless #4	<input type="checkbox"/> Stainless #4	<input type="checkbox"/> Stainless #4
	<input type="checkbox"/> Glass Back (full)	<input type="checkbox"/> Glass Back (full)	<input type="checkbox"/> Glass Back (full)	<input type="checkbox"/> Glass Back (full)
	<input type="checkbox"/> Glass Back 2/3	<input type="checkbox"/> Glass Back 2/3	<input type="checkbox"/> Glass Back 2/3	<input type="checkbox"/> Glass Back 2/3
	<input type="checkbox"/> Painted Steel	<input type="checkbox"/> Painted Steel	<input type="checkbox"/> Painted Steel	<input type="checkbox"/> Painted Steel
	Fan: <input type="checkbox"/> 1sp <input type="checkbox"/> 2sp	Fan: <input type="checkbox"/> 1sp <input type="checkbox"/> 2sp	Fan: <input type="checkbox"/> 1sp <input type="checkbox"/> 2sp	Fan: <input type="checkbox"/> 1sp <input type="checkbox"/> 2sp
	<input type="checkbox"/> Doghouse	<input type="checkbox"/> Doghouse	<input type="checkbox"/> Doghouse	<input type="checkbox"/> Doghouse

Wall Panels	<input type="checkbox"/> Removable	<input type="checkbox"/> Removable	<input type="checkbox"/> Removable	<input type="checkbox"/> Removable
	<input type="checkbox"/> Vertical <input type="checkbox"/> Horiz	<input type="checkbox"/> Vertical <input type="checkbox"/> Horiz	<input type="checkbox"/> Vertical <input type="checkbox"/> Horiz	<input type="checkbox"/> Vertical <input type="checkbox"/> Horiz
	<input type="checkbox"/> Plastic Laminate	<input type="checkbox"/> Plastic Laminate	<input type="checkbox"/> Plastic Laminate	<input type="checkbox"/> Plastic Laminate
	<input type="checkbox"/> Stainless	<input type="checkbox"/> Stainless	<input type="checkbox"/> Stainless	<input type="checkbox"/> Stainless
	<input type="checkbox"/> Flat Wall	<input type="checkbox"/> Flat Wall	<input type="checkbox"/> Flat Wall	<input type="checkbox"/> Flat Wall
	<input type="checkbox"/> Pad hooks	<input type="checkbox"/> Pad hooks	<input type="checkbox"/> Pad hooks	<input type="checkbox"/> Pad hooks
	<input type="checkbox"/> 3 Pads <input type="checkbox"/> Front	<input type="checkbox"/> 3 Pads <input type="checkbox"/> Front	<input type="checkbox"/> 3 Pads <input type="checkbox"/> Front	<input type="checkbox"/> 3 Pads <input type="checkbox"/> Front

Car Sill	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Aluminum
	<input type="checkbox"/> Nickel Silver	<input type="checkbox"/> Nickel Silver	<input type="checkbox"/> Nickel Silver	<input type="checkbox"/> Nickel Silver
	<input type="checkbox"/> Bronze	<input type="checkbox"/> Bronze	<input type="checkbox"/> Bronze	<input type="checkbox"/> Bronze

Ceiling	<input type="checkbox"/> T-Bar	<input type="checkbox"/> T-Bar	<input type="checkbox"/> T-Bar	<input type="checkbox"/> T-Bar
	<input type="checkbox"/> Six Downlights	<input type="checkbox"/> Six Downlights	<input type="checkbox"/> Six Downlights	<input type="checkbox"/> Six Downlights
	<input type="checkbox"/> Stainless #4	<input type="checkbox"/> Stainless #4	<input type="checkbox"/> Stainless #4	<input type="checkbox"/> Stainless #4
	<input type="checkbox"/> Plastic Laminate	<input type="checkbox"/> Plastic Laminate	<input type="checkbox"/> Plastic Laminate	<input type="checkbox"/> Plastic Laminate

Car Door/s Finish	<input type="checkbox"/> Stainless #4	<input type="checkbox"/> Stainless #4	<input type="checkbox"/> Stainless #4	<input type="checkbox"/> Stainless #4
	<input type="checkbox"/> Stainless #8	<input type="checkbox"/> Stainless #8	<input type="checkbox"/> Stainless #8	<input type="checkbox"/> Stainless #8
	<input type="checkbox"/> Muntz #4	<input type="checkbox"/> Muntz #4	<input type="checkbox"/> Muntz #4	<input type="checkbox"/> Muntz #4
	<input type="checkbox"/> Muntz #8	<input type="checkbox"/> Muntz #8	<input type="checkbox"/> Muntz #8	<input type="checkbox"/> Muntz #8
	<input type="checkbox"/> 5WL	<input type="checkbox"/> 5WL	<input type="checkbox"/> 5WL	<input type="checkbox"/> 5WL
	<input type="checkbox"/> Primed	<input type="checkbox"/> Primed	<input type="checkbox"/> Primed	<input type="checkbox"/> Primed
	<input type="checkbox"/> Painted	<input type="checkbox"/> Painted	<input type="checkbox"/> Painted	<input type="checkbox"/> Painted
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Reveals	<input type="checkbox"/> Stainless #4	<input type="checkbox"/> Stainless #4	<input type="checkbox"/> Stainless #4	<input type="checkbox"/> Stainless #4
	<input type="checkbox"/> Plastic Laminate	<input type="checkbox"/> Plastic Laminate	<input type="checkbox"/> Plastic Laminate	<input type="checkbox"/> Plastic Laminate

Front / Return	<input type="checkbox"/> Swing <input type="checkbox"/> Fixed	<input type="checkbox"/> Swing <input type="checkbox"/> Fixed	<input type="checkbox"/> Swing <input type="checkbox"/> Fixed	<input type="checkbox"/> Swing <input type="checkbox"/> Fixed
	<input type="checkbox"/> Stainless # 4 (Std)	<input type="checkbox"/> Stainless # 4 (Std)	<input type="checkbox"/> Stainless # 4 (Std)	<input type="checkbox"/> Stainless # 4 (Std)
	<input type="checkbox"/> Stainless # 8	<input type="checkbox"/> Stainless # 8	<input type="checkbox"/> Stainless # 8	<input type="checkbox"/> Stainless # 8
	Muntz <input type="checkbox"/> #4 <input type="checkbox"/> #8	Muntz <input type="checkbox"/> #4 <input type="checkbox"/> #8	Muntz <input type="checkbox"/> #4 <input type="checkbox"/> #8	Muntz <input type="checkbox"/> #4 <input type="checkbox"/> #8

Handrails	<input type="checkbox"/> Round <input type="checkbox"/> Flat	<input type="checkbox"/> Round <input type="checkbox"/> Flat	<input type="checkbox"/> Round <input type="checkbox"/> Flat	<input type="checkbox"/> Round <input type="checkbox"/> Flat
	<input type="checkbox"/> Rear <input type="checkbox"/> Sides	<input type="checkbox"/> Rear <input type="checkbox"/> Sides	<input type="checkbox"/> Rear <input type="checkbox"/> Sides	<input type="checkbox"/> Rear <input type="checkbox"/> Sides
	Stainless <input type="checkbox"/> #4 <input type="checkbox"/> #8	Stainless <input type="checkbox"/> #4 <input type="checkbox"/> #8	Stainless <input type="checkbox"/> #4 <input type="checkbox"/> #8	Stainless <input type="checkbox"/> #4 <input type="checkbox"/> #8
	Muntz <input type="checkbox"/> #4 <input type="checkbox"/> #8	Muntz <input type="checkbox"/> #4 <input type="checkbox"/> #8	Muntz <input type="checkbox"/> #4 <input type="checkbox"/> #8	Muntz <input type="checkbox"/> #4 <input type="checkbox"/> #8

Cab Notes: _____

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