



RFQ FORMS

Elevator Controllers

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: _____

Transmit to Lift Solutions - When completed, click "Submit Form" at top of page 1. - **1 of 2**

You can also print this form, fill it out, and return by fax to (425) 671-0758

CONTROLLER

Car Labels	_____	_____	_____	_____
		<input type="checkbox"/> Same as #____	<input type="checkbox"/> Same as #____	<input type="checkbox"/> Same as #____
Existing Horsepower				
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				
Fixture Voltage				
Battery Lowering Interface	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Battery Lowering	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
CE Digital Driver	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Hospital Emergency Service	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Emergency Power Interface	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Earthquake Interface	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Absolute Floor Encoding	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Attendant Operation	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Hall Lantern Interface	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Keyed Floor Lockout	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Card Reader Interface	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Voice Annunciation Interface	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Dual Pump Unit Interface	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Oil Viscosity Interface	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Nudging	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Standard Security	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>
Mechanical Limits	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>	<input type="checkbox"/> Yes No <input type="checkbox"/>

Controller Notes: _____
