



RFQ FORMS

Traction Freight Elevator Package

Company: _____
 Contact: _____
 Phone: _____
 Address: _____

 City/State/Zip: _____

Job Name: _____
 Job Location: _____
 Fax: _____
 E-Mail: _____
 Today's Date: _____
 Quote Due Date: _____

- New Construction
- Existing

Capacity: _____ Landings: _____ Hatch Width: _____ Voltage: _____
 Class of Loading: _____ Front Openings: _____ Hatch Depth: _____ Phase: _____
 Gross Weight: _____ Rear Openings: _____ Overhead: _____
 Travel: _____ Side Openings: _____ Pit Depth: _____
 Speed: _____
 Electrical Rating: _____ Hoistway: * NEMA 1 Other: _____
 Machine Room: * NEMA 1 Other: _____

*** INDICATES STANDARD MATERIALS**

HATCH MODULE

Include this section in quote

Platform: Width: _____ Depth: _____ Floor Material: *Steel Checker Plate _____
 Finish Floor Thickness: _____ Other _____

Sling, Brace Rods, Fastener Package Other _____
 Pit Assembly Spring Buffers Oil Buffers
 Rail Guides: Slide * Roller Swivel
 Rail Brackets
 Limit Switch Package
 Car Top Station *Nylube _____
 3 Maintenance Manuals / Engineering / Layout Drawings
 Other _____

Additional Features

Seismic Application
 Government Submittal Package
 Special Paint _____
 Certified Engineer Drawings
 Rail Backing
 Rail Lubricators

CAB MODULE

Include this section in quote

Shell: * Steel Custom _____
 Finish: * Enamel

Bumpers: Stainless Steel (SS) #4 5WL Rigidized Other _____
 * 1 1/2" x 6" Oak 1 1/2" x 8" Oak 1 1/2" x 10" Oak 1 1/2" x 12" Oak
 3/8" x 3" SS #4 3/8" x 4" SS #4 1/4" x 4" SS #4 1/4" x 6" SS #4
 Black Wall Side Wall

Canopy: *Enamel w/Recessed Fluorescent Lights
 Other _____

Cab Height: * 8 Feet Other: _____

Emerg Light: * In Car Operating Panel In Cab Ceiling Incorporated into regular cab lighting

Finish Floor: * Checker Plate Other: _____

Options: Pads Hooks
 Other _____

Transmit to Lift Solutions - When completed, click "Submit Form" at top of page 1. - 1 of 3

You can also print this form, fill it out, and return by fax to (425) 671-0758
 LSI Traction Freight Elevator Package RFQ Form rev 2-19-10 © 2010 Lift Solutions Inc

JOB NAME:

TRACTION MACHINE MODULE

Include this section in quote

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> 2 Speed AC | <input type="checkbox"/> Open Loop | <input type="checkbox"/> Closed Loop |
| <input type="checkbox"/> VV/VF/AC | <input type="checkbox"/> SCR | <input type="checkbox"/> Roping <input type="checkbox"/> 2:1 <input type="checkbox"/> 1:1 |
| Machine Room Location: | <input type="checkbox"/> Overhead | <input type="checkbox"/> Basement |
| <input type="checkbox"/> Machine | <input type="checkbox"/> Safety | <input type="checkbox"/> Rope Shackles |
| <input type="checkbox"/> Hoist Motor | <input type="checkbox"/> Sheaves | <input type="checkbox"/> Counterweights |
| <input type="checkbox"/> M/G Set | <input type="checkbox"/> Ropes | <input type="checkbox"/> Counterweight Safety |
| <input type="checkbox"/> Governor/Tension Sheave | | <input type="checkbox"/> Occupied space below hoistway |

FIXTURE MODULE

Include this section in quote

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> *Standard Swing Panel | <input type="checkbox"/> * Square Buttons | <input type="checkbox"/> Round Buttons | <input type="checkbox"/> Vandal Resistance Buttons |
| <input type="checkbox"/> Other: _____ | | | |
| <input type="checkbox"/> * Stainless Steel | <input type="checkbox"/> Bronze | <input type="checkbox"/> #4 | <input type="checkbox"/> #8 |
| <input type="checkbox"/> Auxiliary Car Operating Panel | | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> *Car Position Indicator | <input type="checkbox"/> * 2" Digital | <input type="checkbox"/> Multi-light | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hall Position Indicator: _____ | <input type="checkbox"/> * 2" Digital | <input type="checkbox"/> Multi-light | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> _____ Hall Stations | <input type="checkbox"/> Phone Cabinet | | <input type="checkbox"/> Emergency Light Test Button |
| <input type="checkbox"/> * Top Access Key | <input type="checkbox"/> Service Cabinet | | <input type="checkbox"/> Fireman's Phone Jack |
| <input type="checkbox"/> * Bottom Access Key | <input type="checkbox"/> 120 VAC Outlet | | <input type="checkbox"/> Card Reader Cut-out |
| <input type="checkbox"/> * Inspection Keyswitch | <input type="checkbox"/> Certificate Frame | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> * Light Keyswitch | <input type="checkbox"/> M/G Switch | | |
| <input type="checkbox"/> Engraving: _____ | | | |

CONTROLLER MODULE

Include this section in quote

- | | | |
|---|--|--|
| Manufacturer: <input type="checkbox"/> * Vertitron Midwest, Inc | <input type="checkbox"/> Elevator Controls | <input type="checkbox"/> Other: _____ |
| Logic Type: <input type="checkbox"/> * Microprocessor | <input type="checkbox"/> Closed Loop <input type="checkbox"/> Open Loop | <input type="checkbox"/> Relay Logic |
| Operation: <input type="checkbox"/> * Selective Collective | <input type="checkbox"/> Single Automatic Pushbutton | <input type="checkbox"/> Call-Send |
| <input type="checkbox"/> * Simplex | <input type="checkbox"/> Duplex | <input type="checkbox"/> Group |
| Starter: <input type="checkbox"/> * Wye Delta | <input type="checkbox"/> X-Line | <input type="checkbox"/> Electronic Soft Start |
| Features: <input type="checkbox"/> * Phase I * II Fire Service | | <input type="checkbox"/> Hospital Service |
| <input type="checkbox"/> * Independent Service | <input type="checkbox"/> Hall Lanterns | <input type="checkbox"/> EMT - Code Blue |
| <input type="checkbox"/> * Reverse Phase Detector | <input type="checkbox"/> PET - Hand Held Diagnostic | <input type="checkbox"/> Homing |
| <input type="checkbox"/> * Nudging | <input type="checkbox"/> On-Board Diagnostics | <input type="checkbox"/> Attendant Operation |
| <input type="checkbox"/> * Tape Selector | <input type="checkbox"/> Keyed Security <input type="checkbox"/> Car <input type="checkbox"/> Hall | <input type="checkbox"/> Inconspicuous Riser |
| <input type="checkbox"/> Load Weighing | <input type="checkbox"/> CRT-Computer Monitor System | <input type="checkbox"/> Lobby Panel Interface |
| | <input type="checkbox"/> Emer. Generator Interface | <input type="checkbox"/> Other: _____ |

WIRING MODULE

Include this section in quote

- * Standard Package w/ 3 pair shielded cable
- Additional Pair Shielded Cable
- Coaxial Cable - RG59U

RAIL MODULE

Include this section in quote

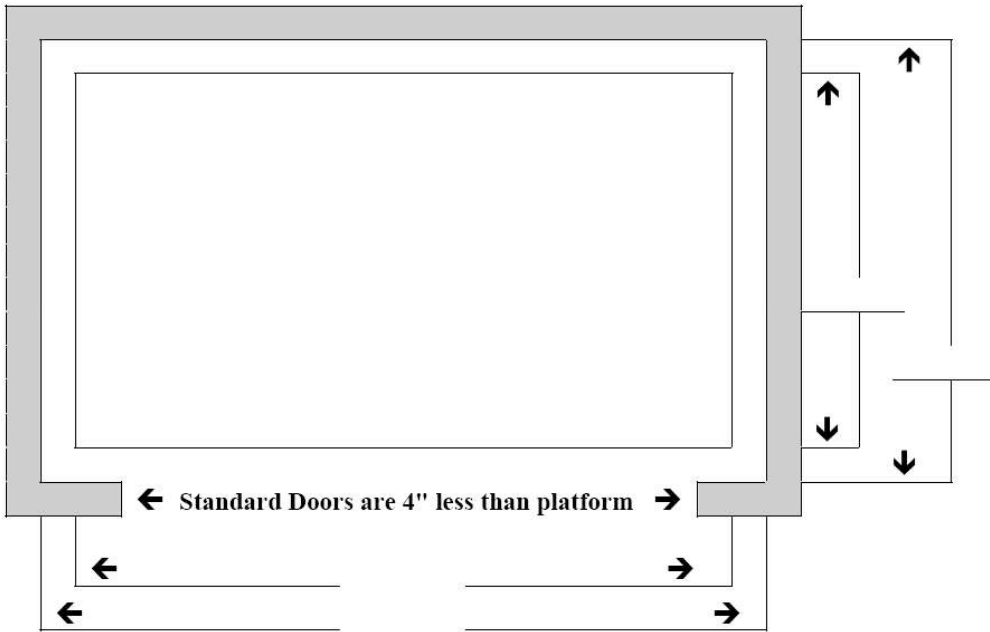
Transmit to Lift Solutions - When completed, click "Submit Form" at top of page 1. - 2 of 3

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

LSI Traction Freight Elevator Package RFQ Form rev 2-19-10 © 2010 Lift Solutions Inc

JOB NAME:

ELEVATOR DATA



Enter floor markings & travel for each floor served

Overhead

12 12

11 11

10 10

9 9

8 8

7 7

6 6

5 5

4 4

3 3

2 2

1 1

Pit Depth

Front | Rear

STANDARD EXCEPTIONS

No Power Disconnects
 No Sill Support Angles
 No Inserts
 No Fire Signs

No Pit Ladder
 No Intercom System
 No Oil

No Hall Fire Signs
 No Smoke Detection
 No Rail Backing

CUSTOMER APPROVAL

The undersigned hereby acknowledges that the "Take Off Order Sheet" data contained herein is correct.

Customer Signature: _____ Date: _____

Transmit to Lift Solutions - When completed, click "Submit Form" at top of page 1. - 3 of 3

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

LSI Traction Freight Elevator Package RFQ Form rev 2-19-10 © 2010 Lift Solutions Inc