

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

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

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: _____

PUMP UNIT **DRY** **SUBMERSIBLE**

Car Labels	_____	_____	_____	_____
		<input type="checkbox"/> Same as #____	<input type="checkbox"/> Same as #____	<input type="checkbox"/> Same as #____
Travel	ft/in	ft/in	ft/in	ft/in
Car Weight	lbs	lbs	lbs	lbs
Gross Load	lbs	lbs	lbs	lbs
Existing piston Diameter	in	in	in	in
Existing HP	hp	hp	hp	hp
Full Load Running PSI	psi	psi	psi	psi
Valve Coil Voltage (circle AC or DC)	<input type="checkbox"/> AC <input type="checkbox"/> DC	<input type="checkbox"/> AC <input type="checkbox"/> DC	<input type="checkbox"/> AC <input type="checkbox"/> DC	<input type="checkbox"/> AC <input type="checkbox"/> DC
Oil Line Size	in	in	in	in
Hand of Unit	<input type="checkbox"/> LH RH <input type="checkbox"/>	<input type="checkbox"/> LH RH <input type="checkbox"/>	<input type="checkbox"/> LH RH <input type="checkbox"/>	<input type="checkbox"/> LH RH <input type="checkbox"/>
Oil Viscosity Control	<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"/>
Tank Heater	<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"/>
Isolation Pads	<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"/>
Pit Rupture Valve	<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"/>
Ball Valve	<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"/>
Door Height	ft/in	ft/in	ft/in	ft/in
Door Width	ft/in	ft/in	ft/in	ft/in

- Include Oil Cooler
- Mounts to New Pump Unit
- Remote Mounting (max up to 55' vertical or 110' horizontal distance)

Pump Unit Notes: _____

REPLACEMENT JACK **In-Ground** **Holeless** **Telescoping**

Car Labels	_____	_____	_____	_____
		<input type="checkbox"/> Same as #____	<input type="checkbox"/> Same as #____	<input type="checkbox"/> Same as #____
Capacity	lbs	lbs	lbs	lbs
Car Weight	lbs	lbs	lbs	lbs
Gross Load	lbs	lbs	lbs	lbs
Total Travel	ft/in	ft/in	ft/in	ft/in
Piston Diameter	in	in	in	in
Cylinder Diameter	in	in	in	in
# of Sections Needed				
Pit Channels?	<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"/>
Buffers?	<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"/>
PVC?	<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"/>

Jack Notes: _____

When completed, please submit to Lift Solutions.
 Email to info@liftsolutions.net or Fax to (425) 671-0758