

*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

CONTROLLERS

*Elevator ID (car label)	<input type="checkbox"/>	Same as # _____	<input type="checkbox"/>	Same as # _____	<input type="checkbox"/>	Same as # _____
*Capacity	lbs	lbs	lbs	lbs	lbs	lbs
*Travel	ft/in	ft/in	ft/in	ft/in	ft/in	ft/in
*Speed						
*Landings						
*Front Openings						
Rear Openings						
*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 _____	<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 _____	<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 _____
*Simplex / Group (2 or more cars)						
*Number of Stops/Openings						
*Existing HP						
*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	<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	<input type="checkbox"/> Tape <input type="checkbox"/> Vane	<input type="checkbox"/> Tape <input type="checkbox"/> Vane
Valve Manufacturer						
Valve Model						
Valve Coil Voltage						
Motor FLA						
Motor Leads						
*Starts per hour						

*Fixture Voltage				
*Number of COPs (1-4)				
*Number of Hall Call Risers				
Battery Lowering Interface	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Battery Lowering	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CE Digital Driver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital Emergency Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Power Interface	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Earthquake Interface	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Absolute Floor Encoding	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attendant Operation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hall Lantern Interface	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Keyed Floor Lockout	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Card Reader Interface	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Voice Annunciation Interface	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dual Pump Unit Interface	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil Viscosity Interface	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nudging	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Standard Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical Limits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Door Mfg. (GAL/MAC/Otis...)				
**Door Operator Model				

**Standards - Door interface to the TOC board requires a solid state door operator / Fixtures must be 24Vdc

Controller Features & Accessories

- | | | |
|--|---|--|
| <input type="checkbox"/> Attendant (Porter) Service | <input type="checkbox"/> Enclosure Interior Lighting (Main Encl.) | <input type="checkbox"/> Security-Car Call Key Floor Lockouts |
| <input type="checkbox"/> Hot Oil Switch | <input type="checkbox"/> Fire Panel / Lobby Panel Interface | <input type="checkbox"/> Security-Hall Call Card Readers |
| <input type="checkbox"/> Cab Fan & Light Timed Operation | <input type="checkbox"/> GFCI Duplex Outlet (Main Enclosure) | <input type="checkbox"/> Security-Hall Call Key Floor Lockouts |
| <input type="checkbox"/> Car to Lobby Switch | <input type="checkbox"/> Hall Lanterns & Chimes | <input type="checkbox"/> Serial PI Driver (3-wire): CE Microcomm |
| <input type="checkbox"/> Code Blue (Hospital Service) | <input type="checkbox"/> Load Weighing Device | <input type="checkbox"/> Serial PI Driver (3-way): MAD |
| <input type="checkbox"/> Cross Registration Panel | <input type="checkbox"/> Load Weighing Interface | <input type="checkbox"/> Spare Pixel Board Set |
| <input type="checkbox"/> Door Hold Operation | <input type="checkbox"/> Pit Flood Switch Operation | <input type="checkbox"/> Swing Car Operation (IR) |
| <input type="checkbox"/> Emergency Power Operation | <input type="checkbox"/> Sabbath Operation | <input type="checkbox"/> Final Limit Switches (Mechanical) |
| <input type="checkbox"/> Emergency Power Overlay | <input type="checkbox"/> Security-EC Basic (Using COP buttons) | |
| <input type="checkbox"/> EMT (Massachusetts) Service | <input type="checkbox"/> Security-Car Call Card Readers | |

- Machine Room Special Rating
- NEMA 12
- NEMA 4
- NEMA 4X

- Hoistway Special Rating
- NEMA 12
- NEMA 4
- NEMA 4X

Travel Cable
ft. _____
Kellm Grips Quantity

- Monitoring
- Web-Interact
- LiftNet Interface
- Machine Room PC
- Remote Lobby PC
- Printer

Sales quote is subject to revision, if the final engineering data form values differ from the information provided.

Controllers Additional Information: _____

**Required Fields*