



A **VANTAGE** Company

ELEVATOR SURVEY SLING & PLATFORM

DATE: _____

COMPANY: _____

* JOB NAME: _____

CONTACT: _____

PHONE: _____

EMAIL: _____

FAX: _____

ELEVATOR: _____

STOPS: _____

* CAPACITY: _____

* CAR WEIGHT: _____

GROSS: _____

FLOOR RISE: _____

CAR SPEED: _____

* HOISTWAY SIZE: _____

EMPTY CAR STATIC PRESSURE: _____

WORKING PRESSURE: _____

* PLATFORM: _____

* CAB HEIGHT: _____

* GUIDE SHOE TYPE: _____

* DBG: _____

* RAIL SIZE: _____

SHEET STEEL FIRE PROOFING:

IN-LINE:

REVERSE OPEN:

DOOR HAND FRONT: LEFT RIGHT CENTER

DOOR HAND REAR: LEFT RIGHT CENTER

OTHER REQUIRMENTS / NOTES:

* REQUIRED FOR QUOTATION ONLY