

<p style="font-size: small;">Groupe manufacturier d'ascenseurs</p> <div style="text-align: center;">  </div> <p style="font-size: small;">Elevator Manufacturing Group</p>	<h1 style="margin: 0;">GT-VisionLift Traction</h1> <h2 style="margin: 0;">Price Request Form</h2>	<p style="text-align: right;">120 rue de Naples St-Augustin de Desmaures Quebec, Canada P.: 1 800 661 6316 F.: 1 418 878 1595 Email : sales@globaltardif.com</p>
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Company: _____ Attention of: _____ Telephone: _____ Fax: _____ E-Mail: _____	To: _____ Request Date: _____ Quote required date: _____ Job Name _____ Location: _____
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For economical purpose, shall we quote our standard options whenever applicable?

☐ Yes Then Just Fill in Sections 1 & 2
 ☐ No Fill all the Sections

1- TYPE

<input type="checkbox"/> Geared Overhead	<input type="checkbox"/> Gearless Overhead	<input type="checkbox"/> Geared Basement	<input type="checkbox"/> Geared Overhead Sidemounted
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2- GENERAL SUMMARY

Type of project: <input type="checkbox"/> New Building <input type="checkbox"/> Passenger	<input type="checkbox"/> Modernization (Existing Hoistway) <input type="checkbox"/> Freight <i>if freight, specify class of loading :</i> _____
Number of cars: <input type="checkbox"/> Simplex <input type="checkbox"/> Duplex Hoistway Configuration : <input type="checkbox"/> In-Line	<input type="checkbox"/> Triplex <input type="checkbox"/> Group (How many:) _____ <input type="checkbox"/> Facing each Others
Code Compliance: <input type="checkbox"/> ANSI 17.1-96 with add. 98 <input type="checkbox"/> B44/A17.1 - 2000	<input type="checkbox"/> B44/A17.1 - 2004 <input type="checkbox"/> Other: _____
Seismic Requirement: <input type="checkbox"/> Zone 0 or 1 <input type="checkbox"/> Zone 2	<input type="checkbox"/> Zone 3 <input type="checkbox"/> Zone 4
Line Voltage: <input type="checkbox"/> 208 / 3 / 60 <input type="checkbox"/> 480 / 3 / 60	<input type="checkbox"/> 600 / 3 / 60 <input type="checkbox"/> Other - Please specify : _____
Capacity: Passenger <input type="checkbox"/> 2000 LBS <input type="checkbox"/> 2500 LBS <input type="checkbox"/> 3000 LBS <input type="checkbox"/> 3500 LBS <input type="checkbox"/> 4000 LBS <input type="checkbox"/> Other: _____	Hospital Type <input type="checkbox"/> 3500 LBS <input type="checkbox"/> 4000 LBS <input type="checkbox"/> 4500 LBS <input type="checkbox"/> 5000 LBS <input type="checkbox"/> Other : _____
Speed: <input type="checkbox"/> 150 FPM <input type="checkbox"/> 200 FPM <input type="checkbox"/> 250 FPM <input type="checkbox"/> 350 FPM <input type="checkbox"/> 400 FPM <input type="checkbox"/> 450 FPM <input type="checkbox"/> 500 FPM <input type="checkbox"/> 700 FPM <input type="checkbox"/> Other: _____	
Emergency Power: <input type="checkbox"/> YES <input type="checkbox"/> NO	

	CAR # 1	CAR # 2	CAR # 3	CAR # 4
Total Travel:	_____	_____	_____	_____
Number of Landing:	_____	_____	_____	_____
# of Front Openings:	_____	_____	_____	_____
# of Rear Openings:	_____	_____	_____	_____
# of Side Openings:	_____	_____	_____	_____
Are the dimensions fixed ? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> To Suit Global-Tardif Standards				
Hoistway Size:	_____ (w) X _____ (d)	_____ (w) X _____ (d)	_____ (w) X _____ (d)	_____ (w) X _____ (d)
Pit Depth:	_____	_____	_____	_____
Overhead Dimension:	_____	_____	_____	_____

3- CONTROLLER:

Controller Provisions: <input type="checkbox"/> Load Weighing <input type="checkbox"/> Anti-Nuisance	<input type="checkbox"/> Earthquake <input type="checkbox"/> Security Floor Lock-Out	<input type="checkbox"/> Hall Lantern Interface <input type="checkbox"/> Blue Code	<input type="checkbox"/> EMT (CMR524)
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4- COMMENTS:

5- DOOR EQUIPMENT / CAR ENCLOSURE:

Cab Height:	<input type="checkbox"/> 8'-0" (2400 mm)(std)	<input type="checkbox"/> 8'-6" (2600 mm)	<input type="checkbox"/> 9'-0" (2744 mm)
	<input type="checkbox"/> 9'-6" (2900 mm)	<input type="checkbox"/> 10'-0" (3048 mm)	<input type="checkbox"/> Other:
Door Operator(s):	<input type="checkbox"/> Standard	<input type="checkbox"/> Closed Loop VVVF	<input type="checkbox"/> Other:
Cab Type:	<input type="checkbox"/> LSE4 or <input type="checkbox"/> Pro-Cab (Max Speed of 200 fpm)		
	<i>St. Stl #4 Front, Return and Transom;n St. Stl #4 Reveals and Kick Base; Removeable Wall Plastic Laminates ; Eggcrate Ceiling w/ Fluoresecent Lighting; St. Stl. Handrails; Two Speed Fan</i> (Economical Option for it's Purpose)		
	<input type="checkbox"/> Shell Cab Only <input type="checkbox"/> Shell Cab		
	<i>Finish by Other</i> <i>With the Following Options:</i>		
	Front Return:	<input type="checkbox"/> Fixed (std)	<input type="checkbox"/> Swing (Expensive)
	Gauge thickness:	<input type="checkbox"/> 16 Gauge (std)	<input type="checkbox"/> 14 Gauge
	Returns / Transoms & Doors:	<input type="checkbox"/> Stainless Steel #4 (std)	<input type="checkbox"/> Stainless Steel #8 <input type="checkbox"/> Bronze #4 <input type="checkbox"/> Bronze #8
	Wall Finish:	<input type="checkbox"/> Pl. Lam. Hang on Panel (std)	<input type="checkbox"/> St. Stl Panel <input type="checkbox"/> Rigitex 5WL <input type="checkbox"/> Other:
	Ceilling Type:	<input type="checkbox"/> GT22 - White Eggcrate (std)	<input type="checkbox"/> GT22L - Translucid Lexan <input type="checkbox"/> Pl. Lam. Drop Ceiling w/ Peripheral Lighting <input type="checkbox"/> Down Light (please specify below)
Cab Option:	Down Light Finish:	<input type="checkbox"/> Stainless Steel #4 <input type="checkbox"/> Bronze / Muntz #8 Mirror	<input type="checkbox"/> Stainless Steel #8 Mirror <input type="checkbox"/> Muntz Satin #4
	Handrails:	<input type="checkbox"/> Tubular 1 1/2" diam.	<input type="checkbox"/> Flat 1/4" x 2" <input type="checkbox"/> Flat 1/4" x 4" <input type="checkbox"/> Flat 1/4" x 6"
	Car Sill:	<input type="checkbox"/> Aluminium (std)	<input type="checkbox"/> Nickel Silver <input type="checkbox"/> Bronze <input type="checkbox"/> St. Steel
	Ventilation:	<input type="checkbox"/> Fan Two speed (std)	<input type="checkbox"/> Fan Three speed
		<input type="checkbox"/> Protective Pads	<input type="checkbox"/> GFCF Duplex Receptacle
		<input type="checkbox"/> Rear Glass Back above Handrail Only	<input type="checkbox"/> Rear Glass Back Above and Below Handrail
Comments:			

6- ENTRANCES:

Entrance Type:	<input type="checkbox"/> Single Speed	<input type="checkbox"/> Centre Opening	<input type="checkbox"/> Two Speed Side Opening
	<input type="checkbox"/> Econo (include tracks, hangers, closer) (Std)	<input type="checkbox"/> Conventional (tracks, hanger, closer not included)	
Entrance Size:	Width: <input type="checkbox"/> 36"	<input type="checkbox"/> 42"	<input type="checkbox"/> 48"
	Height: <input type="checkbox"/> 84"	<input type="checkbox"/> 96"	<input type="checkbox"/> 108"
	<input type="checkbox"/> other:	<input type="checkbox"/> other:	
Main Floor:	Frame / Doors Finish	<input type="checkbox"/> Prime Coat Light Grey (std) <input type="checkbox"/> Painted (Expensive)	<input type="checkbox"/> Stainless Steel #4 <input type="checkbox"/> Stainless Steel #8 <input type="checkbox"/> Bronze 60/40 Muntz #4 <input type="checkbox"/> Bronze 60/40 Muntz #8
	Entrance Sill:	<input type="checkbox"/> Aluminium <input type="checkbox"/> Nickel Silver	<input type="checkbox"/> Bronze <input type="checkbox"/> Stainless Steel
Typical Floor:	Frame / Doors Finish	<input type="checkbox"/> Prime Coat Light Grey <input type="checkbox"/> Painted (Expensive)	<input type="checkbox"/> Stainless Steel #4 <input type="checkbox"/> Stainless Steel #8 <input type="checkbox"/> Bronze 60/40 Muntz #4 <input type="checkbox"/> Bronze 60/40 Muntz #8
	Entrance Sill:	<input type="checkbox"/> Aluminium <input type="checkbox"/> Nickel Silver	<input type="checkbox"/> Bronze <input type="checkbox"/> Stainless Steel
Entrance Frame:	<input type="checkbox"/> Three (3) Pieces Bolted 2 " Profile (std)		<input type="checkbox"/> Welded <input type="checkbox"/> Welded and Mitered
Entrance Wall Thickness:	<input type="checkbox"/> Std Wall Type is 8" Masonry - if other specify:		<input type="checkbox"/> Drywall (Extra) <input type="checkbox"/> Masonry Thickness:

7- FIXTURES:

Fixture Type:	<input type="checkbox"/> US 20AW (VR) (std)	<input type="checkbox"/> US 91 (VR)	<input type="checkbox"/> US 93 (Tamper Proof)	<input type="checkbox"/> US 91BB	Other:
Car Faceplate Finish:	<input type="checkbox"/> Stainless Steel #4 (std)	<input type="checkbox"/> Stainless Steel #8	<input type="checkbox"/> Bronze 60/40 Muntz #4	<input type="checkbox"/> Bronze 60/40 Muntz #8	
Hall Faceplate	<input type="checkbox"/> Stainless Steel #4 (std)	<input type="checkbox"/> Stainless Steel #8	<input type="checkbox"/> Bronze 60/40 Muntz #4	<input type="checkbox"/> Bronze 60/40 Muntz #8	
Graphics: (Extra Cost)	<input type="checkbox"/> " Do not use elevator in case of fire " words only		<input type="checkbox"/> Appendix O - Graphic & signage		
Car Operating Panels:	<input type="checkbox"/> Main Only		<input type="checkbox"/> Main & Auxilliary		
Communication:	<input type="checkbox"/> Hands Free Phone		<input type="checkbox"/> Phone Cabinet Only (for phone by others)		<input type="checkbox"/> By others - provision only
Signal Devices:	<input type="checkbox"/> Car Riding Lanterns - std arrow type qty:		<input type="checkbox"/> Hall Lanterns- std arrow type qty:		
Hall Position Indicator:	<input type="checkbox"/> Main/Lobby Only		<input type="checkbox"/> Other Floor Specify qty:		
Fixture Options:	<input type="checkbox"/> COP Service Cabinet	<input type="checkbox"/> Car to Lobby Keyswitch	<input type="checkbox"/> Car Call Lockout Switch	<input type="checkbox"/> Hall Call Lockout Switch Qty: _____	
	<input type="checkbox"/> COP Pre-wiring (Extra)	<input type="checkbox"/> Remote Fire Control Panel	<input type="checkbox"/> Lobby Panel	<input type="checkbox"/> Card Reader in COP (Provision Only)	

Expected delivery date of the material: _____

8- COMMENTS:

Please visit our MRL Network at www.gtmrlnetwork.com and discover all the benefits offered to members.