

	Motion Control Engineering Voice: 916 463 9200 FAX: 916 463 9201 Web: www.mceinc.com	<h2 style="margin:0;">Request For Quotation</h2> <h3 style="margin:0;">Hydraulic Elevator Control & Peripheral Options</h3>
MCE Quote #:	Functional Location:	Date:

Job Name: _____ Specification: Yes No Classification: _____
 Contractor: _____ Consultant: _____
 Contact: _____ Status: Bidding Has Job
 Phone: _____ Fax: _____ Email: _____
 Due Date: _____ Bid Date: _____

Car Labels:									
Stops:									
Openings:									
Speed (fpm):									
Capacity (lbs):									
Rear doors (X=Yes):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simplex/Duplex/Group:									

Code compliance required: ASME/CSA _____

Electrical

Line Voltage: _____ Machine Room Rating: NEMA 1 NEMA 4 NEMA 4X NEMA 12
 Ventilation: A/C Fan Hoistway Rating: NEMA 1 NEMA 4 NEMA 4X NEMA 12
 Landing System: LS-STAN LS-QUTE Door Operator Model: _____
 LS-EDGE Tape Length (ft) Tape Type: Steel (Std.) Stainless Steel

Motor

Per Car:	Car 1	Car 2	Car 3	Car 4	Car 5	Car 6	Car 7	Car 8	Car 9
Motor HP:									
Motor FLA:									
Starter: <input type="checkbox"/> By MCE <input type="checkbox"/> By Customer Starter Type: <input type="checkbox"/> Solid State <input type="checkbox"/> Y-Delta <input type="checkbox"/> ATL Starts Per Hour: 80 <input type="checkbox"/> 120 <input type="checkbox"/>									
Valve Brand:	Valve Voltage:	# Valves:	Motor Leads: <input type="checkbox"/> 3/9 <input type="checkbox"/> 6/12 # Motors:						

Features / Accessories

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Attendant Operation | <input type="checkbox"/> Earthquake Operation | <input type="checkbox"/> High SCCR (>10,000A) | <input type="checkbox"/> SmarTRAQ Door operator kit |
| <input type="checkbox"/> Car Top Inspection Station
by MCE (NEMA 1 only) | <input type="checkbox"/> EECO Switches | <input type="checkbox"/> Hospital Service | Existing door operator: _____ |
| <input type="checkbox"/> Card Reader Security | <input type="checkbox"/> Emergency Power Overlay | <input type="checkbox"/> Key Floor Lockouts _____ | <input type="checkbox"/> Split Bank Operation |
| <input type="checkbox"/> CE Serial Fixture Driver | <input type="checkbox"/> Emergency Power Sequencing | <input type="checkbox"/> Load Weigher Interface | <input type="checkbox"/> Swing Car: _____ |
| <input type="checkbox"/> Cross Cancellation Panel | <input type="checkbox"/> Emergency Battery Lowering
(Interface only) | <input type="checkbox"/> Massachusetts EMT | <input type="checkbox"/> Telescopic Synchronization |
| <input type="checkbox"/> Cross Registration Panel | <input type="checkbox"/> Emergency Battery Lowering
Device (HAPS, RB-2) | <input type="checkbox"/> Nudging | <input type="checkbox"/> TLS switches |
| <input type="checkbox"/> CRT Security | <input type="checkbox"/> Hall Lanterns | <input type="checkbox"/> Roped Hydro | <input type="checkbox"/> TVSS/Volt Surge Suppressor |
| <input type="checkbox"/> Custom Security | | <input type="checkbox"/> Sabbath Operation | |
| | | <input type="checkbox"/> Serial Car Operating Panel | |

Monitoring

Machine Room :	<input type="checkbox"/> mView	<input type="checkbox"/> Monitor capability only (Ethernet ready)	<input type="checkbox"/> Monitor Enclosure
Remote:	<input type="checkbox"/> iReport	<input type="checkbox"/> iMonitor (<input type="checkbox"/> with campus view)	Number of stations: _____
LCD Monitors:	<input type="checkbox"/> 17" #: _____	<input type="checkbox"/> 19" #: _____	<input type="checkbox"/> 21" #: _____ <input type="checkbox"/> Other, Specify: _____ #:
Peripherals/ # units):	<input type="checkbox"/> Printer/ _____	<input type="checkbox"/> UPS/ _____	<input type="checkbox"/> Desktop Computer/ _____ <input type="checkbox"/> Laptop Computer/ _____
<input type="checkbox"/> BMS-LINK Building Management System Interface		<input type="checkbox"/> LiftNet Interface	

Specification Reviewed By: _____ Date: _____