



2781 W. McNab Rd.
Pompano Beach, FL 33069
Phone: 800.526.0026

FIXTURE RFQ - PROJECT OVERVIEW

Project/Building Name _____ Customer _____
 City/State _____ Contact Name _____
 Customer Ref #. _____ Contact # _____

New Construction Mod Fixtures Only Controller Type _____ Voltage _____
 Specification Attached Mod Fixtures/Cab COP Pre-Wired Hall Fixtures Pre-Wired

COP SUMMARY & FLOOR BUTTON RISER CHART

Please fill in Floor markings at EACH landing and indicate if it is a Front or Rear Opening

COP Details are to be completed on Page 2

Car #						
Capacity #						
Installation						
Type (Pass/Freight)						
Serial / State ID						

Floor Marking	LANDING FRONT		REAR		F		R		F		R		F		R		F		R	
	FRONT	REAR	F	R	F	R	F	R	F	R	F	R	F	R	F	R	F	R	F	R
23	_____	_____	<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"/>	<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"/>
22	_____	_____	<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"/>	<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"/>
21	_____	_____	<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"/>	<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"/>
20	_____	_____	<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"/>	<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"/>
19	_____	_____	<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"/>	<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"/>
18	_____	_____	<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"/>	<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"/>
17	_____	_____	<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"/>	<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"/>
16	_____	_____	<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"/>	<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"/>
15	_____	_____	<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"/>	<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"/>
14	_____	_____	<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"/>	<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"/>
13	_____	_____	<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"/>	<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"/>
12	_____	_____	<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"/>	<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"/>
11	_____	_____	<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"/>	<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"/>
10	_____	_____	<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"/>	<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"/>
9	_____	_____	<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"/>	<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"/>
8	_____	_____	<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"/>	<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"/>
7	_____	_____	<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"/>	<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"/>
6	_____	_____	<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"/>	<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"/>
5	_____	_____	<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"/>	<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"/>
4	_____	_____	<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"/>	<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"/>
3	_____	_____	<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"/>	<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"/>
2	_____	_____	<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"/>	<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"/>
1	_____	_____	<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"/>	<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"/>

Please indicate required COP(s) locations and which is Main COP (with service cabinet) should be left blank.

M = Main
A = Auxiliary

	Front	Front	Front	Front	Front	Front
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rear	Rear	Rear	Rear	Rear	Rear

Once you've completed your survey, please fax it to 954-917-7337 or email it to info@seesinc.com



SEES ELEVATOR FIXTURES

RFQ SURVEY SHEET - COP

PROJECT _____
CAR # (s) _____

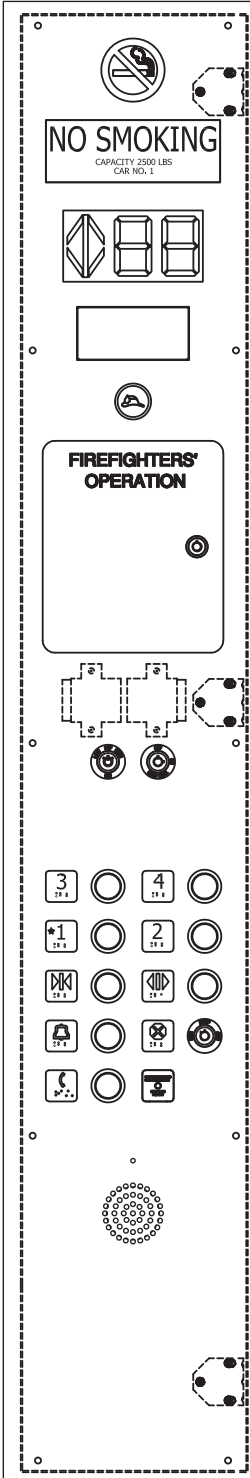
COP SIZE	
COP Width	
COP Height	
Top Of Car Station From Floor	

COP TYPE	
<input type="checkbox"/> Applied COP with Hinged Box	<input type="checkbox"/> Swing Type COP

COP FINISH	
<input type="checkbox"/> Brushed (#4) Stainless Steel	

INSTRUCTIONS

1) Make sure to check the box if the components are to be placed in Main and/or in Aux COP



HINGE		<input type="checkbox"/> LH	<input type="checkbox"/> RH
-------	--	-----------------------------	-----------------------------

CAR PANEL MARKINGS		<input type="checkbox"/> Main	<input type="checkbox"/> Aux
<input type="checkbox"/> Capacity lbs	<input type="checkbox"/> Car#	<input type="checkbox"/> Installation #	
<input type="checkbox"/> Certificate Window	<input type="checkbox"/> Window Size		
<input type="checkbox"/> No Smoking Verbage	<input type="checkbox"/> No Smoking Symbol	<input type="checkbox"/> Other: _____	

POSITION INDICATOR		<input type="checkbox"/> Main	<input type="checkbox"/> Aux
Type	<input type="checkbox"/> 2" 16 Seg. <input type="checkbox"/> 1" 16 Seg. <input type="checkbox"/> .5" 16 Seg.	<input type="checkbox"/> Single	<input type="checkbox"/> Double <input type="checkbox"/> Passing Chime
Signal Format	<input type="checkbox"/> Micro Comm <input type="checkbox"/> Binary <input type="checkbox"/> Line/Floor <input type="checkbox"/> M4 Serial		
Display Color	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Blue <input type="checkbox"/> White		

* 2" Double Pl. requires 10" minimum COP width.

EMERGENCY LIGHT		<input type="checkbox"/> Main	<input type="checkbox"/> Aux
Emergency Light	Emergency Light charger board, Battery Pack	Voltage	<input type="checkbox"/> 6V <input type="checkbox"/> 12V
Lens	<input type="checkbox"/> Projecting <input type="checkbox"/> Flat		

FIRE OPERATION		<input type="checkbox"/> Main	<input type="checkbox"/> Aux
Code Year	<input type="checkbox"/> ANSI-96 <input type="checkbox"/> ANSI-2000 <input type="checkbox"/> ANSI-2004 <input type="checkbox"/> ANSI-2007 <input type="checkbox"/> New York		
Key Code	<input type="checkbox"/> Yale 255 <input type="checkbox"/> Yale 3502 <input type="checkbox"/> Yale 2642 <input type="checkbox"/> FEO-K1 <input type="checkbox"/> MFD-1 <input type="checkbox"/> AZFS		
Others	<input type="checkbox"/> WD01 <input type="checkbox"/> SC1000 <input type="checkbox"/> Medeco <input type="checkbox"/> BFD-1 <input type="checkbox"/> AS100 <input type="checkbox"/> Fireman Phone Jack		

SPECIAL FUNCTION		<input type="checkbox"/> Main	<input type="checkbox"/> Aux
<input type="checkbox"/> Hospital Service (Indicator + Key Switch)	<input type="checkbox"/> Code Blue (Indicator + Key Switch)		
<input type="checkbox"/> Emergency Power (Indicator)	<input type="checkbox"/> Seismic/ Earthquake (Indicator)		
<input type="checkbox"/> Overload (Indicator)	<input type="checkbox"/> Fire Buzzer		
<input type="checkbox"/> Attendant Service (Arrows + Push Buttons)	<input type="checkbox"/> Nudging Buzzer		
<input type="checkbox"/> Other _____	<input type="checkbox"/> Voice Annunciation		

KEY SWITCHES		<input type="checkbox"/> Main	<input type="checkbox"/> Aux
<input type="checkbox"/> Service Cabinet	<input type="checkbox"/> Independent Service	<input type="checkbox"/> 1 Spd Fan	<input type="checkbox"/> 2 Spd Fan <input type="checkbox"/> 3 Spd Fan
<input type="checkbox"/> Surface Mount	<input type="checkbox"/> Emergency Light Test Switch	<input type="checkbox"/> Inspection On/Off	
	<input type="checkbox"/> Inspection Up/Down	<input type="checkbox"/> Light/Fan(1 spd)	<input type="checkbox"/> Light/Fan(2 spd)
	<input type="checkbox"/> Light <input type="checkbox"/> Light Dimmer	<input type="checkbox"/> Access/Enable	<input type="checkbox"/> Toggle Switch Option
	<input type="checkbox"/> GFCI <input type="checkbox"/> Other _____		

PUSHBUTTONS (See Appendix A)	
Button Series	<input type="checkbox"/> PB-10 <input type="checkbox"/> PB-13 <input type="checkbox"/> PBR <input type="checkbox"/> PB-22J <input type="checkbox"/> PB-30 <input type="checkbox"/> PB-129 <input type="checkbox"/> PB-510S
Illumination	<input type="checkbox"/> Blue <input type="checkbox"/> White <input type="checkbox"/> Red
Voltage	<input type="checkbox"/> 24VDC <input type="checkbox"/> PB-30M Multi-Volt (24V to 120VDC/AC, 6VDC)

BRAILLE STYLE	
	<input type="checkbox"/> Round <input type="checkbox"/> Crescent <input type="checkbox"/> Square
Color	<input type="checkbox"/> White / Black <input type="checkbox"/> Silver / Black

UTILITY PUSHBUTTONS		<input type="checkbox"/> Main	<input type="checkbox"/> Aux
<input type="checkbox"/> Alarm	<input type="checkbox"/> Phone	<input type="checkbox"/> Door Open & Close	<input type="checkbox"/> Rear DO/DC <input type="checkbox"/> Door Hold
<input type="checkbox"/> Stop (Push Pull Type)	<input type="checkbox"/> Stop (Key Switch Type)	<input type="checkbox"/> Call Cancel	<input type="checkbox"/> Rear Door Hold

PHONE AND VOICE		<input type="checkbox"/> Main	<input type="checkbox"/> Aux
	<input type="checkbox"/> Rath <input type="checkbox"/> Kings III <input type="checkbox"/> KTECH PHONE <input type="checkbox"/> Wurtec		

Once you've completed your survey, please fax it to 954-917-7337 or email it to info@seesinc.com



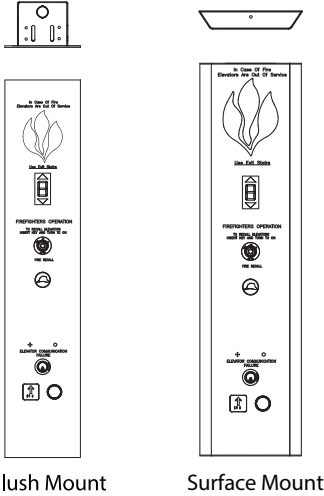
ELEVATOR FIXTURES

RFQ SURVEY SHEET - HALL STATION

PROJECT _____

CAR # (s) _____

Style : (See Appendix for full layouts)



Flush Mount

Surface Mount

Hall Station Riser Chart

Please fill in quantity of each type required at each landing

Landing	HS1	HS2	HS3	HS4
23				
22				
21				
20				
19				
18				
17				
16				
15				
14				
13				
12				
11				
10				
9				
8				
7				
6				
5				
4				
3				
2				
1				

Notes:

TYPICAL FINISH UNLESS SPECIFIED

Hall STATION Finish	<input type="checkbox"/> Brushed (#4) Stainless Steel	<input type="checkbox"/> Brushed 150 Grit Stainless Steel
---------------------	---	---

HALL STATION DETAILS

HALL STATION #1 (HS1)		<input type="checkbox"/> Terminal	<input type="checkbox"/> Intermediate
Type	<input type="checkbox"/> Flush	<input type="checkbox"/> Surface Mount	
SIZE			
HS Size	H: _____ W: _____	Hole Center: _____	C-C: _____
PUSHBUTTONS (See Appendix)			
Button Series	<input type="checkbox"/> Match with COP	<input type="checkbox"/> Other	
LED illumination	<input type="checkbox"/> Match with COP	<input type="checkbox"/> Other	
MISCELLANEOUS FEATURES			
Indicators	<input type="checkbox"/> Position Indicator	<input type="checkbox"/> 1" <input type="checkbox"/> 0.5"	<input type="checkbox"/> Single <input type="checkbox"/> Double Character
	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Amber	<input type="checkbox"/> Blue <input type="checkbox"/> White	
PLV	<input type="checkbox"/> Phone Line Verification	PCB Location	<input type="checkbox"/> HOP <input type="checkbox"/> COP
Braille	<input type="checkbox"/> Match COP	<input type="checkbox"/> Fire Service	Access <input type="checkbox"/>

HALL STATION #2 (HS2)		<input type="checkbox"/> Terminal	<input type="checkbox"/> Intermediate
Type	<input type="checkbox"/> Flush	<input type="checkbox"/> Surface Mount	
SIZE			
HS Size	H: _____ W: _____	Hole Center: _____	C-C: _____
PUSHBUTTONS (See Appendix)			
Button Series	<input type="checkbox"/> Match with COP	<input type="checkbox"/> Other	
LED illumination	<input type="checkbox"/> Match with COP	<input type="checkbox"/> Other	
MISCELLANEOUS FEATURES			
Indicators	<input type="checkbox"/> Position Indicator	<input type="checkbox"/> 1" <input type="checkbox"/> 0.5"	<input type="checkbox"/> Single <input type="checkbox"/> Double Character
	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Amber	<input type="checkbox"/> Blue <input type="checkbox"/> White	
PLV	<input type="checkbox"/> Phone Line Verification	PCB Location	<input type="checkbox"/> HOP <input type="checkbox"/> COP
Braille	<input type="checkbox"/> Match COP	<input type="checkbox"/> Fire Service	Access <input type="checkbox"/>

HALL STATION #3 (HS3)		<input type="checkbox"/> Terminal	<input type="checkbox"/> Intermediate
Type	<input type="checkbox"/> Flush	<input type="checkbox"/> Surface Mount	
SIZE			
HS Size	H: _____ W: _____	Hole Center: _____	C-C: _____
PUSHBUTTONS (See Appendix)			
Button Series	<input type="checkbox"/> Match with COP	<input type="checkbox"/> Other	
LED illumination	<input type="checkbox"/> Match with COP	<input type="checkbox"/> Other	
MISCELLANEOUS FEATURES			
Indicators	<input type="checkbox"/> Position Indicator	<input type="checkbox"/> 1" <input type="checkbox"/> 0.5"	<input type="checkbox"/> Single <input type="checkbox"/> Double Character
	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Amber	<input type="checkbox"/> Blue <input type="checkbox"/> White	
PLV	<input type="checkbox"/> Phone Line Verification	PCB Location	<input type="checkbox"/> HOP <input type="checkbox"/> COP
Braille	<input type="checkbox"/> Match COP	<input type="checkbox"/> Fire Service	Access <input type="checkbox"/>

HALL STATION #4 (HS4)		<input type="checkbox"/> Terminal	<input type="checkbox"/> Intermediate
Type	<input type="checkbox"/> Flush	<input type="checkbox"/> Surface Mount	
SIZE			
HS Size	H: _____ W: _____	Hole Center: _____	C-C: _____
PUSHBUTTONS (See Appendix)			
Button Series	<input type="checkbox"/> Match with COP	<input type="checkbox"/> Other	
LED illumination	<input type="checkbox"/> Match with COP	<input type="checkbox"/> Other	
MISCELLANEOUS FEATURES			
Indicators	<input type="checkbox"/> Position Indicator	<input type="checkbox"/> 1" <input type="checkbox"/> 0.5"	<input type="checkbox"/> Single <input type="checkbox"/> Double Character
	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Amber	<input type="checkbox"/> Blue <input type="checkbox"/> White	
PLV	<input type="checkbox"/> Phone Line Verification	PCB Location	<input type="checkbox"/> HOP <input type="checkbox"/> COP
Braille	<input type="checkbox"/> Match COP	<input type="checkbox"/> Fire Service	Access <input type="checkbox"/>

Once you've completed your survey, please fax it to 954-917-7337 or email it to info@seesinc.com



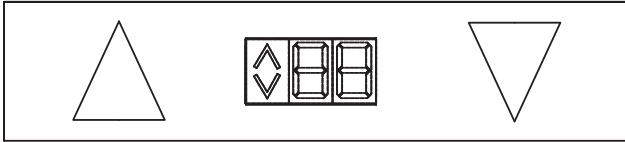
ELEVATOR FIXTURES

RFQ SURVEY SHEET - CAR DIRECTION ARROWS

PROJECT _____

CAR # (s) _____

Style : (See Appendix for full layouts)



Flat Plate

TYPICAL FINISH UNLESS SPECIFIED

Hall LANTERN Finish	<input type="checkbox"/> Brushed (#4) Stainless Steel	<input type="checkbox"/> Brushed 150 Grit Stainless Steel
---------------------	---	---

HALL LANTERN DETAILS

HALL LANTERN #1 (L1)		<input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal
		<input type="checkbox"/> Terminal	<input type="checkbox"/> Intermediate
TYPE	<input type="checkbox"/> Flush <input type="checkbox"/> Surface		
Arrow Type	<input type="checkbox"/> Traditional Arrow <input type="checkbox"/> Round <input type="checkbox"/> Vandal		
SIZE			
HL Size	Length:	Width:	Hole Centers:
OTHER			
Position Indicator	<input type="checkbox"/> 2" <input type="checkbox"/> 1" <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> White <input type="checkbox"/> Amber <input type="checkbox"/> Lantern Only <input type="checkbox"/> PI/Lantern Combo		
Chime	<input type="checkbox"/> Chime		
Illumination	Up Arrow		Down Arrow
	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> White	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> White	<input type="checkbox"/> LED <input type="checkbox"/> Incandescent

HALL LANTERN #2 (L2)		<input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal
		<input type="checkbox"/> Terminal	<input type="checkbox"/> Intermediate
TYPE	<input type="checkbox"/> Flush <input type="checkbox"/> Surface		
Arrow Type	<input type="checkbox"/> Traditional Arrow <input type="checkbox"/> Round <input type="checkbox"/> Vandal		
SIZE			
HL Size	Length:	Width:	Hole Centers:
OTHER			
Position Indicator	<input type="checkbox"/> 2" <input type="checkbox"/> 1" <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> White <input type="checkbox"/> Amber <input type="checkbox"/> Lantern Only <input type="checkbox"/> PI/Lantern Combo		
Chime	<input type="checkbox"/> Chime		
Illumination	Up Arrow		Down Arrow
	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> White	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> White	<input type="checkbox"/> LED <input type="checkbox"/> Incandescent

HALL LANTERN #3 (L3)		<input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal
		<input type="checkbox"/> Terminal	<input type="checkbox"/> Intermediate
TYPE	<input type="checkbox"/> Flush <input type="checkbox"/> Surface		
Arrow Type	<input type="checkbox"/> Traditional Arrow <input type="checkbox"/> Round <input type="checkbox"/> Vandal		
SIZE			
HL Size	Length:	Width:	Hole Centers:
OTHER			
Position Indicator	<input type="checkbox"/> 2" <input type="checkbox"/> 1" <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> White <input type="checkbox"/> Amber <input type="checkbox"/> Lantern Only <input type="checkbox"/> PI/Lantern Combo		
Chime	<input type="checkbox"/> Chime		
Illumination	Up Arrow		Down Arrow
	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> White	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> White	<input type="checkbox"/> LED <input type="checkbox"/> Incandescent

HALL LANTERN #4 (L4)		<input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal
		<input type="checkbox"/> Terminal	<input type="checkbox"/> Intermediate
TYPE	<input type="checkbox"/> Flush <input type="checkbox"/> Surface		
Arrow Type	<input type="checkbox"/> Traditional Arrow <input type="checkbox"/> Round <input type="checkbox"/> Vandal		
SIZE			
HL Size	Length:	Width:	Hole Centers:
OTHER			
Position Indicator	<input type="checkbox"/> 2" <input type="checkbox"/> 1" <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> White <input type="checkbox"/> Amber <input type="checkbox"/> Lantern Only <input type="checkbox"/> PI/Lantern Combo		
Chime	<input type="checkbox"/> Chime		
Illumination	Up Arrow		Down Arrow
	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> White	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> White	<input type="checkbox"/> LED <input type="checkbox"/> Incandescent

Hall Lantern Riser Chart


Please fill in quantity of each type required at each landing

Landing	L1	L2	L3	L4
23				
22				
21				
20				
19				
18				
17				
16				
15				
14				
13				
12				
11				
10				
9				
8				
7				
6				
5				
4				
3				
2				
1				


Notes:

APPENDIX A


PB-10 Series PushButton

	Finish	Description
	Stainless Steel Brushed	Pushbutton, stainless steel, brushed, flat with blue halo

PB-12 Series PushButton

	Finish	Description
	Stainless Steel Brushed	Pushbutton, stainless steel, brushed, flat with blue halo


PB-13 Series PushButton

	Finish	Description
	Stainless Steel Brushed	Pushbutton, stainless steel, brushed, concave with blue halo


PB-22T Series PushButton

	Finish	Description
	White on Polished Gold	Pushbutton, white on polished gold, concave with blue halo

PB-30 Series PushButton

	Finish	Description
	Stainless Steel Brushed	Pushbutton, stainless steel, brushed, flat, vandal resistant with blue halo


PB-22J Series PushButton

	Finish	Description
	Stainless Steel Polished	Pushbutton, stainless steel, polished, concave with blue halo

PBR Series PushButton

	Finish	Description
	Stainless Steel Brushed	Pushbutton, Round Flush, stainless steel, Red LED, Red 24V

TPB Series PushButton

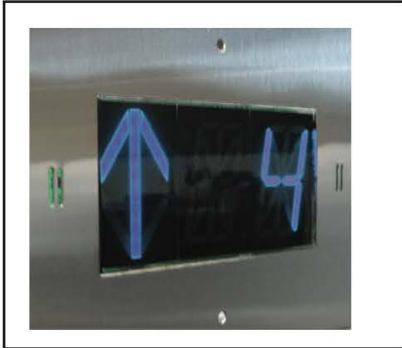
	Finish	Description
	Stainless Steel Brushed	Pushbutton, 24V Vandal Resistant, LED illuminated

APPENDIX B: Position Indicators

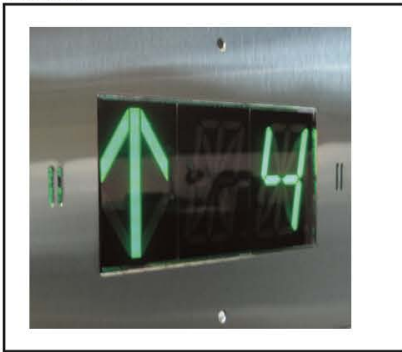
Red



Blue



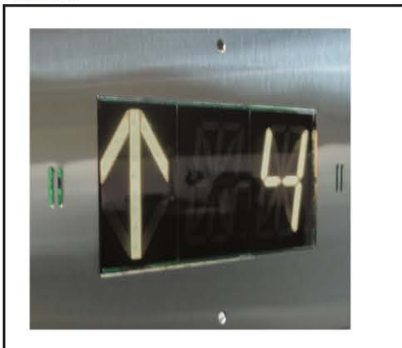
Green



Orange



White



APPENDIX C: Hall Lantern Fixtures

Horizontal Brushed (#4) Stainless Steel



Horizontal (#8) Bronze (60/40)



Vertical Brushed (#4) Stainless Steel



Vertical (#8) Bronze (60/40)

