

**INFO**

**DATE:** \_\_\_\_\_

Company : \_\_\_\_\_  
 Adress : \_\_\_\_\_  
 City : \_\_\_\_\_  
 Telephone : \_\_\_\_\_  
 Fax : \_\_\_\_\_  
 e-mail : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- ELEVATOR TYPE**
- PERSONEL
  - GOODS
  - PANORAMIC
  - AUTOMOBILE
  - DISABLED
  - HOSPITAL
  - SERVICE

**NOTES**

: \_\_\_\_\_

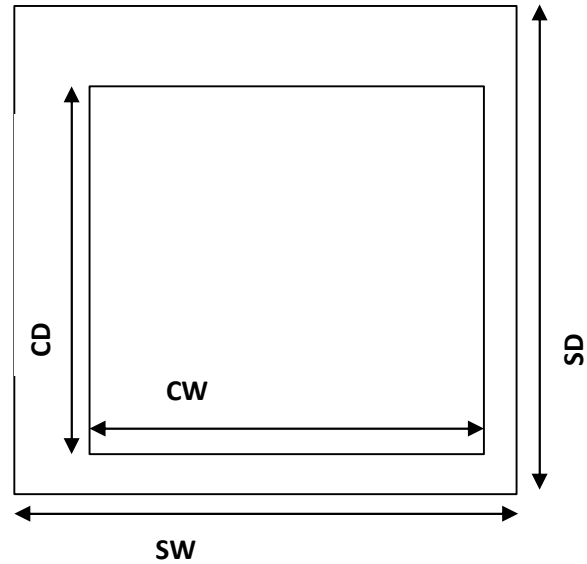
**SYSTEM**

- Hydraulic
  - MRL( gearless )
  - MR
- ROPES**
- 2:1
  - 1:1
  - 4:1

- ENTRANCE**
- One
  - Two
  - Manual
  - Auto

**DOOR Dimension (mm):** \_\_\_\_\_

Q : \_\_\_\_\_ kg  
 V : \_\_\_\_\_ m/sn  
 Stop : \_\_\_\_\_ Stop  
 Travel : \_\_\_\_\_ mm  
 Headroom : \_\_\_\_\_ mm  
 Pit dept : \_\_\_\_\_ mm  
 Shaft W : \_\_\_\_\_ mm  
 Shaft D : \_\_\_\_\_ mm  
 Cabin W : \_\_\_\_\_ mm  
 Cabin D : \_\_\_\_\_ mm  
 Cabin H : \_\_\_\_\_ mm



**For Packet Elevator**

CABIN DETAIL : \_\_\_\_\_  
 DOOR DETAIL : \_\_\_\_\_  
 COP-LOP DETAIL : \_\_\_\_\_