

GAL Manufacturing Corp. LLC

50 East 153rd Street, Bronx, NY 10451

Phone: (718) 292 9000 Fax: (718) 292 2034 Website: www.gal.com

DOOR LOCK MONITORING (DLM) QUOTATION REQUEST

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Elevator Company Name: I		Date:	
Job Name:		Job Address:	
Group 1	# of Cars In Group: # of Cars (Front O Control Manufacturer:		Model:
	Existing GAL Operators (Excluding MOVFR): Door Close Limit Kit Required: Yes		
Group 2	# of Cars In Group: # of Cars (Front O Control Manufacturer:)penings):	
•	Existing GAL Operators (Excluding MOVFR):		
	Door Close Limit Kit Required: Yes No		
	# of Cars In Group: # of Cars (Front Openings):		# of Cars (Rear Openings):
Group 3	Control Manufacturer:		Model:
	Existing GAL Operators (Excluding MOVFR): Door Close Limit Kit Required: Yes No		# of Cars(Right Hand):
	# of Cars In Group: # of Cars (Front O		
Group 4	Control Manufacturer:		Model:
	Existing GAL Operators (Excluding MOVFR):		
	Door Close Limit Kit Required: 🗌 Yes 🗌 No	# of Cars(Left Hand):	# of Cars(Right Hand):
	# of Cars In Group: # of Cars (Front Openings):		# of Cars (Rear Openings):
Group 5	Control Manufacturer:		Model:
	Existing GAL Operators (Excluding MOVFR):		
	Door Close Limit Kit Required: Yes No		
	 # of Cars In Group: # of Cars (Front Openings): 6 Control Manufacturer: 		
Group 6			Model:
	Existing GAL Operators (Excluding MOVFR): Door Close Limit Kit Required: Yes No # of Cars(Left Hand): # of Cars(Right Hand):		
Note:			
GAL DLM survey and copy of existing job specific controller wiring prints will be required at order			