

G.A.L. JET PLUS ORDER FORM

1058-TER CAR STATION

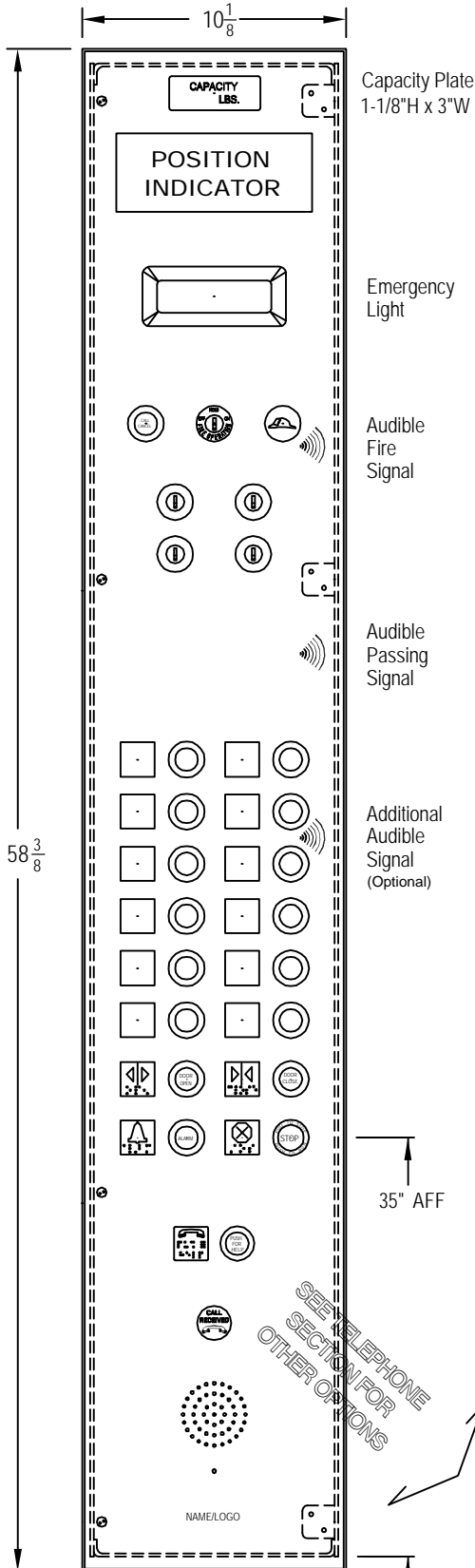
UP TO 12 LANDINGS

Single column of floor buttons up to 5 landings. Double 6 to 10 landings.
11 and 12 landings 1-7/8" center line.



GAL No. _____

PLEASE COMPLETE THE FOLLOWING



Box Cutout $9 \frac{5}{8} \times 57 \frac{3}{8}$
Box Depth $3 \frac{1}{2}$

18 $\frac{7}{8}$ AFF
Box Cutout

Company Name _____		Job Name/Number _____	
Cover Material 1/8" #4 Satin Finish <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Muntz <input type="checkbox"/>			
Voltage <input type="checkbox"/> AC <input type="checkbox"/> DC <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 28 <input type="checkbox"/> 35 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 120 <input type="checkbox"/> 120 Neon			
Position Indicator <input type="checkbox"/> None <input type="checkbox"/> Digital Display { Positive Input/One Line per Floor. Voltage Matches Above Selection. Other Needs, Please Advise. <input type="checkbox"/> Multi-Light Character Display with Arrows (Up to 6 Ldgs.) <input type="checkbox"/> Multi-Light Character Display w/o Arrows (Up to 8 Ldgs.)			
Fire Operation <input type="checkbox"/> None NOTE: SPECIFY WHICH CODE APPLIES <input type="checkbox"/> ASME - 2000 <input type="checkbox"/> Mass./ Maine/ New Hampshire <input type="checkbox"/> S. Carolina <input type="checkbox"/> ASME - 1996 <input type="checkbox"/> N. Rochelle/Yonkers,NY <input type="checkbox"/> Mt. Vernon,NY <input type="checkbox"/> Penn. (Old) <input type="checkbox"/> New York City <input type="checkbox"/> White Plains,NY <input type="checkbox"/> Connecticut <input type="checkbox"/> Other Code _____			
Key Switches <input type="checkbox"/> None <small>Cylinder choice also applies to Fire Operation for ASME and PA.</small> <input type="checkbox"/> GAL Std. Chicago Cylinder <input type="checkbox"/> Medeco Security Cylinder Choose up to 5 key switches. A light up indicator may be substituted. Please advise. <input type="checkbox"/> Light <input type="checkbox"/> Fan (1sp) <input type="checkbox"/> Fan (2sp) <input type="checkbox"/> Light/Fan (1sp) <input type="checkbox"/> Ind. Service <input type="checkbox"/> Inspection (for in car inspection) <input type="checkbox"/> Electric Eye <input type="checkbox"/> Door Hold <input type="checkbox"/> Access, off / on <input type="checkbox"/> Combination Access / Inspection switch. <small>Enables hoistway access sw's. per ASME-2000 code.</small> <input type="checkbox"/> Mass. EMT Key Switch, Light & Audible Signal <input type="checkbox"/> Other _____			
Additional Audible Signal <input type="checkbox"/> Yes <input type="checkbox"/> No (Used for Reduced Speed Door Close, etc.)			
Push Button Style <input type="checkbox"/> California 1/8" Protruding Buttons Used By Passengers (Not available with SH). Includes Engraving For Alarm Button. <div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/> RBW</div> <div style="text-align: center;"><input type="checkbox"/> SWB</div> <div style="text-align: center;"><input type="checkbox"/> VPB</div> <div style="text-align: center;"><input type="checkbox"/> SH</div> <div style="text-align: center;"><input type="checkbox"/> RBW</div> <div style="text-align: center;"><input type="checkbox"/> SBW</div> <div style="text-align: center;"><input type="checkbox"/> VPW</div> <div style="text-align: center;"><input type="checkbox"/> RWW</div> <div style="text-align: center;"><input type="checkbox"/> SWW</div> <div style="text-align: center;"><input type="checkbox"/> VP</div> </div> Number of Floors _____ Floor Markings _____ <small>Circle egress (★) floor</small>			
Stop Switch <input type="checkbox"/> Toggle <input type="checkbox"/> Key Operated <input type="checkbox"/> Pull to Stop			
Engraving <input type="checkbox"/> Plate <input type="checkbox"/> Logo Capacity _____ <input type="checkbox"/> Name _____			
Telephone <input type="checkbox"/> G.A.L. Hands Free Phone, Cover Mounted (Shown) <input type="checkbox"/> G.A.L. Hands Free Phone, Inside Compartment <input type="checkbox"/> Phone Compartment (Without phone unit)			
Hinge <input type="checkbox"/> As shown <input type="checkbox"/> Opposite		Quantity _____	