



DOOR LOCK MONITORING (DLM) QUOTATION REQUEST

Elevator Company Name: _____ Date: _____

Job Name: _____ Job Address: _____

Group 1	<p># of Cars In Group: _____ # of Cars (Front Openings): _____ # of Cars (Rear Openings): _____</p> <p>Control Manufacturer: _____ Model: _____</p> <p>Existing GAL Operators (Excluding MOVFR): _____</p> <p>Door Close Limit Kit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No # of Cars(Left Hand): _____ # of Cars(Right Hand): _____</p>
Group 2	<p># of Cars In Group: _____ # of Cars (Front Openings): _____ # of Cars (Rear Openings): _____</p> <p>Control Manufacturer: _____ Model: _____</p> <p>Existing GAL Operators (Excluding MOVFR): _____</p> <p>Door Close Limit Kit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No # of Cars(Left Hand): _____ # of Cars(Right Hand): _____</p>
Group 3	<p># of Cars In Group: _____ # of Cars (Front Openings): _____ # of Cars (Rear Openings): _____</p> <p>Control Manufacturer: _____ Model: _____</p> <p>Existing GAL Operators (Excluding MOVFR): _____</p> <p>Door Close Limit Kit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No # of Cars(Left Hand): _____ # of Cars(Right Hand): _____</p>
Group 4	<p># of Cars In Group: _____ # of Cars (Front Openings): _____ # of Cars (Rear Openings): _____</p> <p>Control Manufacturer: _____ Model: _____</p> <p>Existing GAL Operators (Excluding MOVFR): _____</p> <p>Door Close Limit Kit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No # of Cars(Left Hand): _____ # of Cars(Right Hand): _____</p>
Group 5	<p># of Cars In Group: _____ # of Cars (Front Openings): _____ # of Cars (Rear Openings): _____</p> <p>Control Manufacturer: _____ Model: _____</p> <p>Existing GAL Operators (Excluding MOVFR): _____</p> <p>Door Close Limit Kit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No # of Cars(Left Hand): _____ # of Cars(Right Hand): _____</p>
Group 6	<p># of Cars In Group: _____ # of Cars (Front Openings): _____ # of Cars (Rear Openings): _____</p> <p>Control Manufacturer: _____ Model: _____</p> <p>Existing GAL Operators (Excluding MOVFR): _____</p> <p>Door Close Limit Kit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No # of Cars(Left Hand): _____ # of Cars(Right Hand): _____</p>
Note:	

GAL DLM survey and copy of existing job specific controller wiring prints will be required at order