

	Motion Control Engineering Voice: 916 463 9200 FAX: 916 463 9201 Web: www.mceinc.com	<h2 style="margin:0;">Request For Quotation</h2> <h3 style="margin:0;">iControl & Options</h3>
MCE Quote #:	Functional Location:	Date:

Job Name: _____ Specification: Yes No Classification: _____
 Contractor: _____ Consultant: _____
 Contact: _____ Status: Bidding Has Job
 Phone: _____ Fax: _____ Email: _____
 Due Date: _____ Bid Date: _____

Car Labels:												
Stops:												
Openings:												
Speed (fpm):												
Capacity (lbs):												
Rear doors (X=Yes):	<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"/>
Simplex or Group:	<input type="checkbox"/> S <input type="checkbox"/> G	<input type="checkbox"/> S <input type="checkbox"/> G	<input type="checkbox"/> S <input type="checkbox"/> G	<input type="checkbox"/> S <input type="checkbox"/> G	<input type="checkbox"/> S <input type="checkbox"/> G	<input type="checkbox"/> S <input type="checkbox"/> G	<input type="checkbox"/> S <input type="checkbox"/> G	<input type="checkbox"/> S <input type="checkbox"/> G	<input type="checkbox"/> S <input type="checkbox"/> G	<input type="checkbox"/> S <input type="checkbox"/> G	<input type="checkbox"/> S <input type="checkbox"/> G	<input type="checkbox"/> S <input type="checkbox"/> G

Electrical

Line Voltage: _____ Machine Room Rating: NEMA 1 NEMA 4 NEMA 4X NEMA 12
 Ventilation: A/C Fan Hoistway Rating: NEMA 1 NEMA 4 NEMA 4X NEMA 12
 Existing door operator model: _____ Quote new operator? Harmonic Linear Quote operator upgrade kit
 Doors are: Center Parting Side Slide 2-speed Side Slide

Drive and Machine Information

Drive Type	Motor Information	Car 1	Car 2	Car 3	Car 4	Car 5	Car 6	Car 7	Car 8	Car 9
<input type="checkbox"/> SCR Drive	Motor HP									
<input type="checkbox"/> AC Closed Loop	Motor Voltage									
	Motor FLA									
	Motor RPM									
Machine:	<input type="checkbox"/> Geared <input type="checkbox"/> Gearless <input type="checkbox"/> Traction <input type="checkbox"/> Drum <input type="checkbox"/> Overhead <input type="checkbox"/> Basement <input type="checkbox"/> MRL									
Motor Brand:	Mounting: <input type="checkbox"/> Foot <input type="checkbox"/> Flange	Feedback: <input type="checkbox"/> Tachometer <input type="checkbox"/> Digital Encoder								
<input type="checkbox"/> Provide quotation on new machine from MCE (please fill out information on page 2)										

Features

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> ASME A17.1-2004 | <input type="checkbox"/> CRT Security | <input type="checkbox"/> Hospital Service | <input type="checkbox"/> TLS mechanical (EECO) switches |
| <input type="checkbox"/> ASME A17.1-2000 | <input type="checkbox"/> Cross Registration Panel | <input type="checkbox"/> Key Floor Lockouts_____ | <input type="checkbox"/> Serial car op panel |
| <input type="checkbox"/> ASME A17.1-1996 w / wo addenda | <input type="checkbox"/> Earthquake Operation | <input type="checkbox"/> Isolated Platform Load Weigher | <input type="checkbox"/> SmarTraq door operator kit |
| <input type="checkbox"/> CAN/CSA B44-04 | <input type="checkbox"/> Emergency Rope Brake | <input type="checkbox"/> Rope Tension Load Weigher | <input type="checkbox"/> Split Bank operation |
| <input type="checkbox"/> CAN/CSA B44-00 | <input type="checkbox"/> Emergency Rescue (TAPS) | <input type="checkbox"/> Mass. EMT Service | <input type="checkbox"/> Voice Annunciation Interface |
| <input type="checkbox"/> CAN/CSA B44-94 | <input type="checkbox"/> Emergency Power Sequencing | <input type="checkbox"/> MCE Basic Security | <input type="checkbox"/> Swing Car # _____ |
| <input type="checkbox"/> Card Reader Dry Contact I/F | <input type="checkbox"/> Attendant Service | <input type="checkbox"/> Nudging | <input type="checkbox"/> Low voltage fixtures |
| <input type="checkbox"/> Jail Security | <input type="checkbox"/> Attendant Annunciator | <input type="checkbox"/> Auxiliary COP | <input type="checkbox"/> TVSS protection (surge suppressor) |
| <input type="checkbox"/> CE Electronics Serial Fixture Driver | <input type="checkbox"/> Hall Lanterns | <input type="checkbox"/> TLS Switches <input type="checkbox"/> Car <input type="checkbox"/> Hoistway | <input type="checkbox"/> Isolation Transformer |

Peripherals Desired

Peripheral	PC/Printer (if applicable)	Options
<input type="checkbox"/> iMonitor, Ethernet, local or remote	<input type="checkbox"/> Desktop PC <input type="checkbox"/> 17" LCD <input type="checkbox"/> 21" LCD <input type="checkbox"/> Laptop PC <input type="checkbox"/> Printer	<input type="checkbox"/> Campus Overview <input type="checkbox"/> iLobby Lobby Display
<input type="checkbox"/> iReport Server, Ethernet, local or remote	<input type="checkbox"/> Desktop PC <input type="checkbox"/> 17" LCD <input type="checkbox"/> 21" LCD <input type="checkbox"/> Printer	
<input type="checkbox"/> Regenerative drive (AC controller with Torqmax drive only)		
<input type="checkbox"/> Traction Auxiliary Power Supply (brings car to floor, provides door operation for passenger rescue in case of power outage)		

Specification Reviewed By: _____

Date: _____

	Motion Control Engineering Voice: 916 463 9200 FAX: 916 463 9201 Web: www.mceinc.com	<h1>Motor Data Form</h1>	
	MCE Quote #:	Functional Location:	Date:

Project Name: _____
 Car Labels: _____

Quotation For: AC Hoist Motor only DC Hoist Motor only
 Complete machine: AC Machine - (Geared PMAC gearless)
 DC Machine - (Geared Gearless)

Project

<input type="checkbox"/> New Construction <input type="checkbox"/> Modernization	Counterweight %: (If unknown, MCE assumes 40% of capacity)
Main Line Voltage: VAC Phase Hertz	Compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Rated Speed: <input type="checkbox"/> FPM <input type="checkbox"/> m/s	Rated Capacity: <input type="checkbox"/> lbs. <input type="checkbox"/> kg

Machine Information

<input type="checkbox"/> Geared <input type="checkbox"/> Gearless	Mounting Location: <input type="checkbox"/> Overhead <input type="checkbox"/> Basement <input type="checkbox"/> MRL		
Type: <input type="checkbox"/> Traction <input type="checkbox"/> Drum	Roping: <input type="checkbox"/> 1:1 <input type="checkbox"/> 2:1	Number of ropes:	
Existing machine Brand:		Model:	

Motor Information

Motor Mounting: <input type="checkbox"/> Foot <input type="checkbox"/> Flange	Shaft Style: <input type="checkbox"/> Straight <input type="checkbox"/> Taper
Type: <input type="checkbox"/> Traction <input type="checkbox"/> Drum	
Existing machine Brand:	Model:
New or Existing Machine: <input type="checkbox"/> New from MCE <input type="checkbox"/> New from other <input type="checkbox"/> Existing	
If new from other, provide manufacturer information so MCE can forward motor information:	
Address _____	Attention: _____
_____	P.O. # _____

Synchronous RPM:	Helical Gears: <input type="checkbox"/> Yes <input type="checkbox"/> No Sheave Diameter: <input type="checkbox"/> in <input type="checkbox"/> mm

Original Motor Information (Copy from motor label)

Motor Type: <input type="checkbox"/> AC <input type="checkbox"/> DC	Horsepower:	Full Load RPM:
SF	Duty	NEMA Nom Eff
Code	NEMA Desc	PF
FR	ENCL	Type
AMB	Insul Class	Phase
HZ	Volts	Amp
HZ	Volts	Amp

Special Notes:
