



**Company Data**

Company:	Contact:
Phone:	Fax:
E-Mail:	
Street Address:	City, State, Zip:

**Crane Data**

Plant Name:	Division:	
Street Address:	City, State, Zip:	
Crane ID ('s):	Type:	Capacity:
Bldg:	Bay:	Height:
Span:	Runway Length:	

**Contact Data**

Purchasing	Name:	Phone: Fax:
Engineering	Name:	Phone: Fax:
Maintenance	Name:	Phone: Fax:
Other	Name:	Phone: Fax:

**Crane Control Data**

Magnetic: <input type="checkbox"/>	Stepless: <input type="checkbox"/>	VFD: <input type="checkbox"/>	Any Drum?
Control Mfg:			Voltage/Freq. Crane Power: V__F__
Manual/Magnetic Main Power Disconnect: Yes <input type="checkbox"/> No <input type="checkbox"/>			Voltage/Freq. Crane Power: V__F__
Existing Control: Cab <input type="checkbox"/> Pendant <input type="checkbox"/> Other: _____			
Manual Control to Remain: Yes <input type="checkbox"/> No <input type="checkbox"/>		Bridge Brake: Hydraulic <input type="checkbox"/> Elect <input type="checkbox"/> Other _____	

**Radio Requirements**

Manual/Radio Transfer Switch Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Isolation: Effective <input type="checkbox"/> or Total <input type="checkbox"/>
Licensing: License (FCC Part 90) <input type="checkbox"/> Non-Licensed (FCC Part 15) <input type="checkbox"/>	
If Licensed, Desired Frequency Band: VHF 72 76 MHz <input type="checkbox"/> UHF 450 MHz <input type="checkbox"/> Other _____	
License Comments:	



**Operating Environment**

Describe the operating environment of the radio (outdoors/indoors, temperature range of floor/crane, corrosive, etc.)

\_\_\_\_\_

**Control Functions**

Motions (B, T, H)	HP	Max NEMA Contactors	Speed Steps or Ref. Voltage (Stepless)
1. Bridge			
2.			
3.			
4.			
5.			
Other:			

**Radio Controlled Auxiliary Functions**

Warning Horn/Bell/Siren _____	Crane Lights On/Off ___ Latching ___
Magnet On/Off with Latch _____	Magnet Lift/Drop with Latch _____
Describe other required functions (Rotate, Grab, Lift Bypass, etc.)	

**Other**

Does the existing crane have an Anti-collision System? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you interested in installing an Anti-collision System? Yes <input type="checkbox"/> No <input type="checkbox"/>
Will plant personnel install the system? Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you provide control and power circuit drawings? Yes <input type="checkbox"/> No <input type="checkbox"/>

**Special Requirements**

Please list any special conditions of installation or system below or on a separate sheet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action Required**

- I would like a Telemotive representative to contact me.
- I would like an estimate and system description.
- I would like a firm quote and system description.

**Signature/Date** \_\_\_\_\_