

Order No. Reference:

Company: _____
 Installation Building Details: _____
 Installation Location (eg Lift No.1): _____
 Lift Rise/Group (eg High/Simplex): _____

1. INDICATE QUANTITY OF REQUIRED DISPLAY

<input type="checkbox"/> ULS32H <input type="checkbox"/> QTY	<input type="checkbox"/> ULS52H <input type="checkbox"/> QTY	<input type="checkbox"/> ULS54H <input type="checkbox"/> QTY
<input type="checkbox"/> ULSP32H <input type="checkbox"/> QTY	<input type="checkbox"/> ULSP52H <input type="checkbox"/> QTY	
<input type="checkbox"/> ULS32V <input type="checkbox"/> QTY	<input type="checkbox"/> ULS52V <input type="checkbox"/> QTY	<input type="checkbox"/> ULS42H <input type="checkbox"/> QTY
<input type="checkbox"/> ULSP32V <input type="checkbox"/> QTY	<input type="checkbox"/> ULSP52V <input type="checkbox"/> QTY	
<input type="checkbox"/> ULS34H <input type="checkbox"/> QTY		<input type="checkbox"/> ULS43H <input type="checkbox"/> QTY

2. COLOUR RED (standard) GREEN (option) AMBER (option) WHITE (option) BLUE (option)

3. FLOOR LEGENDS Required floor legends (eg , B, G, 1-14): _____
 Please enter above floor character(s)/legend for each floor level.

STATIONARY LEGEND (standard) SCROLLING LEGEND (option) scroll legend to indicate lift movement

4. MESSAGES Message length (max) including spaces is = 32 characters

Standard Messages:	Required?	C A R	H A L L	Custom Messages:	C A R	H A L L	Messages 1 to 5 are in priority order. 1 = Highest 5 = Lowest
1. LIFT OVERLOADED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. _____	<input type="checkbox"/>	<input type="checkbox"/>	If custom messages used, then priority order needs to be defined.
2. LIFT ON FIRE SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. _____	<input type="checkbox"/>	<input type="checkbox"/>	
3. LIFT OUT OF SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. _____	<input type="checkbox"/>	<input type="checkbox"/>	
4. LIFT ON MAINTENANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. _____	<input type="checkbox"/>	<input type="checkbox"/>	
5. LIFT ON CAR PREFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. _____	<input type="checkbox"/>	<input type="checkbox"/>	

5. SIGNAL FORMAT Please select only **one** signal format input option type: Please contact the relevant controller supplier if unsure.

DISCRETE (One input per floor) BINARY GRAY TVC ETHOS TVC HYLOGIC TVC Contract No.: (Supply Contract No. above, if TVC controller used)

6. PARALLEL OR SERIAL (Encoder driven)

PARALLEL DISPLAYS (Max. 10 inputs) SERIAL DISPLAYS QTY CX-BASIC CX-SPEECH

Select encoder & Quantity

7. GONGS Are gongs required with displays? NO YES If yes, quantity & type required. QTY CJ50 CJ60 CJ70

8. SPECIAL REQUIREMENTS

Date: _____ Filled in by: _____ Contact tel No.: _____