Date: ________________________
Distributor Name: ___________________________ Contact: ___________________________
Phone number: __________________________

Is this a new Installation? □ Yes □ No  If NO, please provide replacement dock lift particulars.

____________________________________________________________________________________
____________________________________________________________________________________

**Type of installation**

1) Installed on top of grade? □ Yes □ No  2) Is an approach ramp needed? □ Yes □ No
3) Installed in a pit? □ Yes □ No
4) Power Unit location: Inside the building? □ Yes □ No  5) Outside? □ Yes □ No
6) Hydraulic Hose is not a standard feature. If needed what is the length required? _____________

**Load considerations**

Weight and size of load: ________________
How is load moved? □ Pallet Jack □ Powered Stacker □ Fork Truck

**Dock Lift Specification**

Capacity: ________________
(load weight + weight of Pallet Jack, Powered stacker, or Fork Truck + operator = the lifting capacity required)
Platform Size: ________________ Bridge Plate size: ________________
Building Electrical Power Available: □ 115/1/60 □ 208/3/60 □ 220/3/60 □ 460/3/60
Vertical travel required: ________________
Elevating rise speed: ________________
Handrail orientation: ________________

**Freight**

If you would like us to provide delivered freight cost, please provide postal code of the job site. __________

**Commercial Considerations**

Competition: ________________
When is order likely to be placed? __________