



**Motion Control Engineering**  
 Voice: 916 463 9200  
 Fax: 916 463 9201

# Escalator Data Forms

MCE Job #: \_\_\_\_\_ Doc #: 42-FR-0471 A1 JER116 0419  
 Date Received: \_\_\_\_\_ Page 1 of 2

## LOGISTICS DATA

**In order to better serve you and meet your schedule, this form must be completed and signed. Timely delivery and trouble-free installation begin with these data forms. Accurate, complete information is essential. Non-response to a question will be defined as meaning that the item does not apply.**

### Job Type

- Federal Government   
  State Government   
  Other Government   
  Courthouse   
  Hospital  
 School or University   
  Office Building   
  Private   
  Jail / Prison   
  Other \_\_\_\_\_

Date:	Number of escalators:
Job Name (please do not abbreviate):	
Job Location (city and state):	
Contract Date:	
Project Type: <input type="checkbox"/> New construction <input type="checkbox"/> Modernization	
<input type="checkbox"/> Job has Specifications	
<input type="checkbox"/> Specifications being sent to MCE	
Please send a copy of job specifications to MCE.	
Customer Job #:	PO#:

### Shipping Schedule

Control	Ship Date
Escalator	
Escalator	
Escalator	
Escalator	
Escalator	

### Shipping Information

Contact:		
Phone:	Fax:	
Company name and address:		
City	State	Zip Code
Notice required: <input type="checkbox"/> 24 hours <input type="checkbox"/> 48 hours   Other: _____		
<input type="checkbox"/> Check if lift gate truck needed		

### Contractor Information ( Check if same as above )

Contact:		
Phone:	Fax:	
Email:		
Company name and address:		
City	State	Zip Code

### Consultant (leave blank if none)

Contact:	
Phone:	Fax:
Email:	
Company name:	

### Elevator Safety Code Compliance

Accurate information is essential.

<b>North American Compliance:</b> <input type="checkbox"/> U.S. <input type="checkbox"/> Canada
ASME A17.1/B44 Edition: <input type="checkbox"/> 2010 <input type="checkbox"/> 2007 <input type="checkbox"/> 2004 <input type="checkbox"/> 2000
Addenda/Supplements: <input type="checkbox"/> 2013 <input type="checkbox"/> 2008(a) <input type="checkbox"/> 2005(a) <input type="checkbox"/> 2002(a)
<input type="checkbox"/> 2016 <input type="checkbox"/> 2009(b) <input type="checkbox"/> 2005(S) <input type="checkbox"/> 2003(b)
<input type="checkbox"/> ASME A17.1-1996/98
<input type="checkbox"/> ASME A17.1-_____ Specify edition & addenda.
<b>International compliance</b>
<input type="checkbox"/> Australia AS 1735.5
<input type="checkbox"/> EN 115
<input type="checkbox"/> Other (Specify):
<b>Additional state or local code compliance</b>
<input type="checkbox"/> California
<input type="checkbox"/> Other:
<input type="checkbox"/> Additional Compliance Requirements? Explain:

Per state tax laws, it is critical that MCE receive exemption or resale certificates prior to the material being shipped and billed. If the job is a tax exempt job, send the exemption certificate with this form. If you are a resale customer and have a resale certificate, please make sure that the MCE accounting department has a copy on file.

### Form Completed By

Name/Title:	
Phone:	Fax:
Cell:	
Email:	
Company name:	
Signature:	

