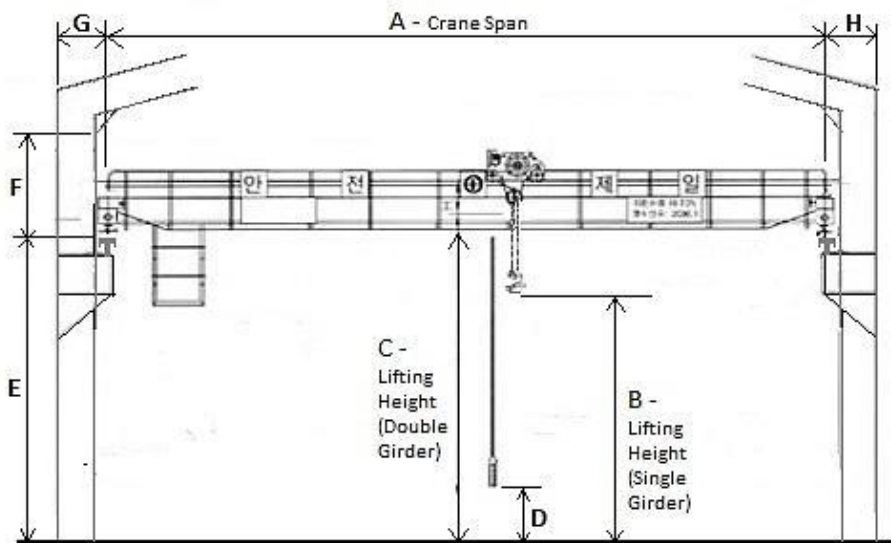


ENQUIRY FORM - CRANE

Company:	
Name:	
Tel:	
Fax:	
PO Box:	

Enquiry Nr:	
Date:	
E-Mail:	

Where will the crane be installed (Physical Address):		
In Door/ Out Door:		
What will the crane be used for:		
Class Crane required:		
Structural design required; (Overhead/ Portal/ Jip/ Mono-Rail):		
Double/ Single Girder:		Long Travel Distance:
Lifting Capacity:	Main Hoist:	Auxiliary Hoist:
Down Shop Lead (DSL) System Required (Copper/ Galvanized):		



A:	Crane Span
B:	Lifting Height
C:	Lifting Height
D:	Pendant Height
E:	Rail Height
F:	Head Clearance
G:	Gantry Clearance
H:	Gantry Clearance

CRANE CONTROL

Pendant/ Remote	
Cabin/ Cage	
Gantry:	Existing/ Required
Rail Size:	
No. Cranes on gantry:	

OPERATING SPEED

Main Hoist (i):	(ii):	Elect/Man
Aux. Hoist (i):	(ii):	
Power Supply:		(Volts)
L/ Travel (i):	(ii):	Elect/ Man
X/ Travel (i):	(ii):	Elect/ Man

Erection required: _____

Mobile Crane for erection Available: _____

Access to Building area of installation: _____

Remarks: _____

