

## CAR/HALL LANTERN & DOUBLE DOWN PASSING SIGNAL

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_ Company Rep. \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ E-fax \_\_\_\_\_

### ADA CODE UPGRADES

Building Name		Contract No.
Controller Type		No. of Cars
No. of Floors	Do you have lanterns now? (If no, complete the information below; if yes, complete the DDP section)  <input type="checkbox"/> Yes (DDP) <input type="checkbox"/> No (HL757)	

### HL757 A/B

Type of lantern to be installed <input type="checkbox"/> Car <input type="checkbox"/> Hall	Lantern Voltage _____ <input type="checkbox"/> AC <input type="checkbox"/> DC (recommended 120VAC)
If Otis, is unit a Hydro? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Position Indicator	Voltage _____ <input type="checkbox"/> AC <input type="checkbox"/> DC

### DDP A/B

Existing lantern voltage _____ <input type="checkbox"/> AC <input type="checkbox"/> DC  <input type="checkbox"/> Car <input type="checkbox"/> Hall	Cabinet <input type="checkbox"/> Yes <input type="checkbox"/> No
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**COMPLETE FORM AND FAX TO 954-933-4185  
OR**