

Retiring Cam Order Form

Please fill out the information on the order form below and survey drawing on the back page.
Once completed, please submit to your EMS sales rep or to sales@emsdoors.com for a quote.
If a quote has already been provided, please submit with your PO attached.

Contact Name: _____
Company: _____
Date: _____
Phone: _____
Location / Address: _____
EMS Job / UL # or OEM: _____
E-mail: _____

Please circle options and fill out selections

Cam Location: Left Hand (*standing inside cab looking out of opening*)
 Right Hand (*standing inside cab looking out of opening*)

Retiring Cam	Cam Motor:	230VAC / 3 Ph
Throw Distance: _____		120VAC / 1 Ph
Retiring Cam Force: _____	Hoistway NEMA Rating:	_____
Interlock Type:	Machine Room NEMA Rating:	_____
Model: _____		
Manufacturer: _____	Code Year:	_____

Shipping Information

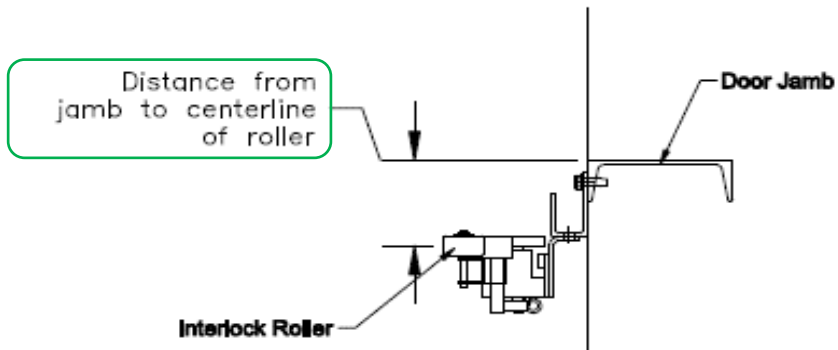
Ship to Contact Name: _____
Ship to Contact Phone: _____
Ship to Address: _____
Delivery Option: _____

Please see reverse side for more required information

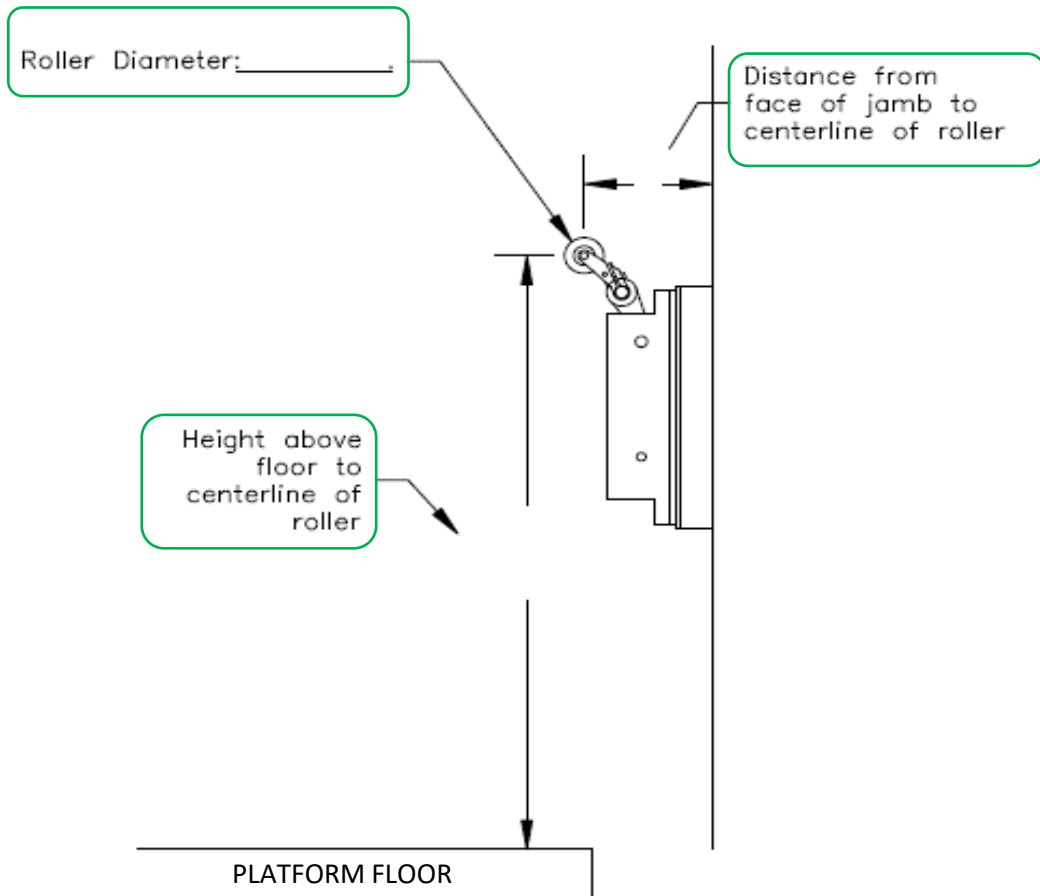


FORM: FS0106
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Please enter all required data called out in the drawings below for fast and accurate replacement parts



INTERLOCK - PLAN VIEW



INTERLOCK ROLLER LOCATION - ELEVATION