

**TITAN Inclined Platform Lift  
EVALUATION/ORDER FORM**



Date \_\_\_\_\_  
 Sales Representative \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Quote    Order

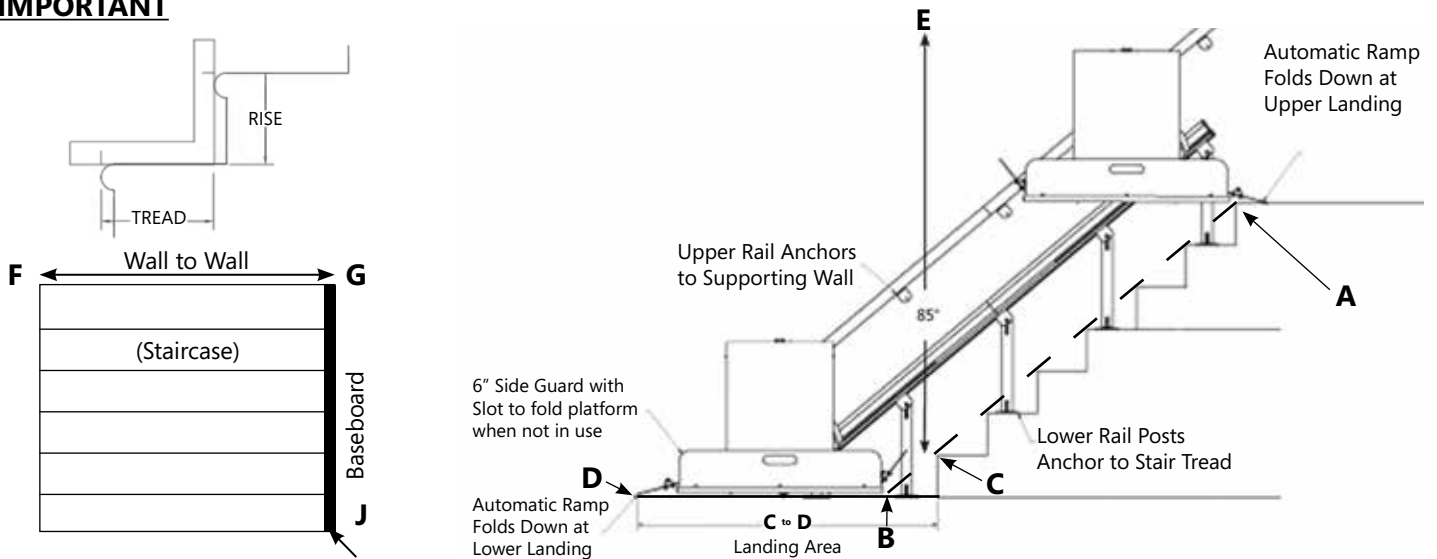
Account Number \_\_\_\_\_  
 Projected Close Date \_\_\_\_\_  
 Purchase Order Number \_\_\_\_\_  
 Ship To Address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Phone \_\_\_\_\_

Shipping Method:  
 Pick-up    Common Carrier   Flatbed w/Forklift  
 Yes    No

Application:    Residential - Single Family Home  
 Opportunity Reference / Project Name \_\_\_\_\_

**FOR INDOOR RESIDENTIAL MANUAL WHEELCHAIR USE ONLY**

**IMPORTANT**



**Measurements**

\_\_\_\_\_ **A to B** - Inches from top landing diagonally to bottom floor

\_\_\_\_\_ **C to D** - Inches top corner of bottom riser to opposite wall  
 (minimum 57" required for lift, plus turning space)

**Average Rise** \_\_\_\_\_ inches   **Average Tread** \_\_\_\_\_ inches   **Number of Risers** \_\_\_\_\_

\_\_\_\_\_ **C to E** - Inches headroom / clearance from ceiling edge to stairs (minimum 85")

**Stair Case Width**

\_\_\_\_\_ **F to G** - Inches wall to wall / end of step

\_\_\_\_\_ **J** - Inch baseboard thickness

### Platform

Select one

- 25" x 36" (standard) requires 35" min. stair width\*
  - 27.5" x 36" requires 37" min. stair width\*
  - 27.5" x 36" 90 degree Enter / Exit requires 42" min. stair width\*
- \*If free standing posts, add 2 1/2"

### Track

- IL500R - Additional foot of track (Includes track, handrail, mounting brackets) Quantity \_\_\_\_\_

### Wall Type for Horizontal Mounting

Select one

- Wood Stud
  - Metal
  - Masonry
  - Other \_\_\_\_\_
- Standard mounting hardware kit is for wood studs only. Other mounting options must be supported and supplied by dealer.*

### Options

- Fold-down Seat
- Keylock (unit only)

### Application

Select one

- Wall Mount
- Free Standing  
If free standing, \_\_\_\_ # post kits  
*Post kits are required every other step*

### Chair Information

- Manual Wheelchair  
\_\_\_\_\_ Make  
\_\_\_\_\_ Model  
\_\_\_\_\_ Length  
\_\_\_\_\_ Width

### Orientation from Bottom

- Right Hand
- Left Hand

### Drawings

- DRAWING FOR APPROVAL  
An application-specific drawing is requested and production will be scheduled after return of signed approval drawing. Upcharge if lift is not ordered within 90 days of drawing submission.

## ADDITIONAL INFORMATION

**VISIBLE DAMAGE:** You must note any visible damage on the freight bill. If product damage is obvious, we recommend a further immediate inspection to see what other damage may be concealed, and this also must be written on the freight bill.

**CONCEALED DAMAGE:** If no damage was immediately evident, but is found later (within 48 hours), stop what you are doing and call the freight company immediately to report concealed damage.

Pictures of the damage are great support in any freight claim and are strongly recommended. Failure to take these steps may preclude your ability to be reimbursed for any damage in transit. We have personnel available to assist with this process Monday – Friday, 7:30 am – 5:00 pm CST by calling 800-922-3659.

Thank you for your business



I have read and understand the above:

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_