

Elevator Equipment Submittal Transmittal Form

Project Information

Project Name

Project Number

Location

Architect

Consultant

General Contractor

Submittal Details

Submittal No.

Date

Prepared By

Company Name

Email

Phone

Elevator Equipment Submitted

Elevator/Type	Model	Capacity	Speed	Stops	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Documents Submitted

Document Type	Included (Yes/No)	Comments
Shop Drawings	<input type="text"/>	<input type="text"/>
Catalog Cuts	<input type="text"/>	<input type="text"/>

Product Data	<input type="text"/>	<input type="text"/>
Certificates	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Notes / Comments

Submitted By

Date

Received By

Date