



Please fill out as accurately as possible and send to the fax and/or e-mail above

Company Name: _____

Address: _____

Contact Name: _____

Phone: _____

Job Name: _____

Address: _____

Date required: _____

Object to be lifted: _____

Weight: _____

Dimensions: L: _____ ft

W: _____ ft

H: _____ ft

Beams Needed: Yes _____

No _____

of Pick points: _____

Value: _____
(If over \$1 million USD)

OFFICE USE ONLY

Received: _____

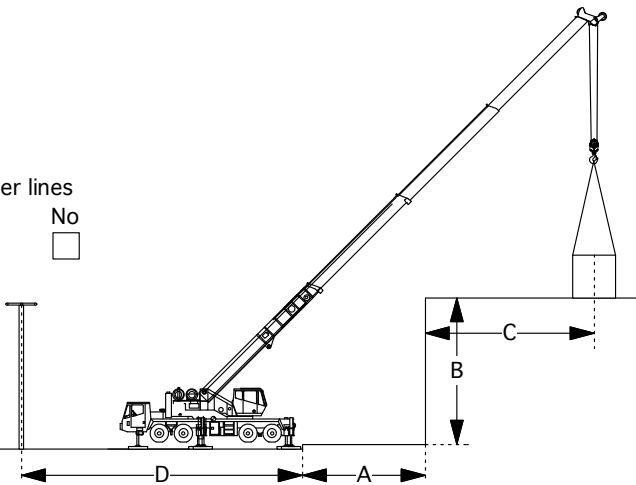
Crane size: _____

Charted by: _____

Quote sent: _____

Elevation View - Not to scale

Power lines
Yes ☐ No ☐



A: Curb to Building: _____ft

B: Height of Building: _____ft

C: Edge of Bldg to center of unit: _____ft

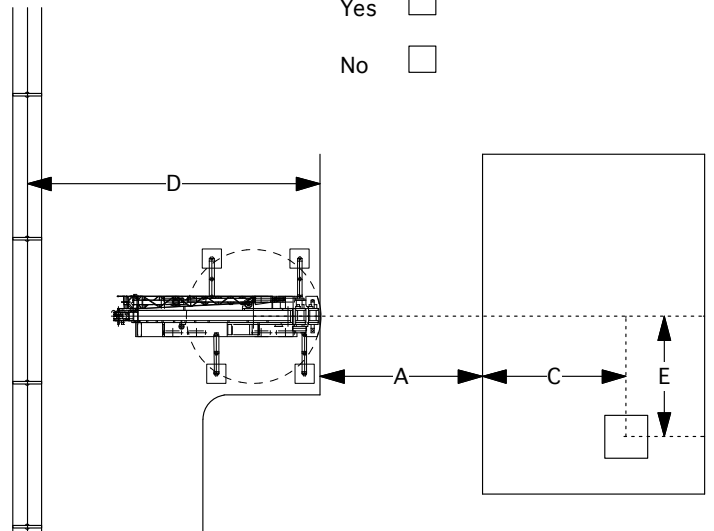
D: Power lines to curb: _____ft

Plan View - Not to scale

Underground Hazards? Mark location

Yes ☐

No ☐



E: Horizontal offset from center of crane: _____ft

Ground Conditions: _____
(e.g. pavement, dirt, rock, grass, etc.)

If job site conditions are different from that shown above, please provide a separate sketch along with this sheet.