



STEEL KING
INDUSTRIES, INC.
2700 CHAMBER STREET * STEVENS POINT, WI 54481
PHONE (715) 341-3120 * FAX (715) 341-8792

Elevated Work Platform Request For Quote Form

Company Requesting Quote _____

Person Requesting Quote _____

Date _____

Street Address _____

City, State Zip _____

Ship To City, State Zip _____

Phone Number _____

Fax Number _____

E-mail Address _____

Length	Width	Area/Sq. Ft.	Column Spacing _____ x _____ or <input type="checkbox"/> Most Economical <input type="checkbox"/> Special (Attach Sketch) <input type="checkbox"/> Max Post Load _____	Decking Options <input type="checkbox"/> None <input type="checkbox"/> 1 ½ B Deck Only <input type="checkbox"/> 1 x 1/8 Bar Grating <input type="checkbox"/> 1 ½ B Deck & _____" Plywood <input type="checkbox"/> 1 ½ B Deck & _____" Resin Deck <input type="checkbox"/> 1 ½ B Deck & 12 ga. Un-Painted Floor Plate <input type="checkbox"/> 1 ½ B Deck & 12 ga. Galvanized Floor Plate <input type="checkbox"/> Other: _____
Proposed Use:			Maximum Uniform Live Load: _____ Lbs/Sq Ft (125 PSF Typical) Landings: (Top of Stairway) Quantity: _____ Size: _____ (3'6" x 4' Standard)	Stairs: # Internal: _____ # External _____ Width: _____ (36" Standard) <input type="checkbox"/> Straight <input type="checkbox"/> "L" Shaped <input type="checkbox"/> "U" Shaped <input type="checkbox"/> Closed Tread & Open Riser <input type="checkbox"/> Closed Tread & Closed Riser <input type="checkbox"/> Other: _____
Deck Height	Clear Height	Existing Bldg Clear Height		
Provide Critical Height Only. If both are given and are critical, it may limit framing and column layout and affect cost.				
Linear Feet of Handrail & Kick plate Required Handrail: _____ Style: <input type="checkbox"/> 2 Rails <input type="checkbox"/> 3 Rails Kickplate: _____ Excludes Landings, Stairs and Gates			Gates Size: _____ (6'ft Std) Quantity: _____ <input type="checkbox"/> Double Drop (Safety) <input type="checkbox"/> Lift Out <input type="checkbox"/> Sliding <input type="checkbox"/> Swinging (Standard)	Options/Alternatives <input type="checkbox"/> PE Calculations Only <input type="checkbox"/> PE Calculations & Sealed Drawings for the State of: _____ <input type="checkbox"/> Assembly Sub-Contractor <input type="checkbox"/> Other: _____
Applicable Codes or Standards (Stairs & Rails will be provided in accordance with code or standard indicated) <input type="checkbox"/> BOCA <input type="checkbox"/> UBC <input type="checkbox"/> IBC <input type="checkbox"/> OSHA* Other: _____ Additional ADA Compliance Required? * OSHA is the minimum safety standard, which does not imply code compliance. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Color (Std. colors are blue for decks and supports and yellow for stairs, landings, handrails and kick-plates) Optional Colors (Gray, Green, Orange, Red, Tan and White) <input type="checkbox"/> Standard Colors <input type="checkbox"/> Custom, Decks: _____ Supports: _____ Stairs: _____ Landings: _____ Handrails: _____ Kick-plates: _____				

Please provide at minimum a hand sketch showing Stair(s), Gate(s) and Rail locations. In addition indicate any special job sight conditions and existing obstructions, such as doors and/or requested cutouts, etc.

PLEASE FAX COMPLETED FORM WITH SKETCH TO (715) 341-8792