



Tilt-Up Project Submittal Form

Dealer Information

Salesman: _____
Contact No.: _____
P.O. Number if required: _____

Dealer: _____
Location: _____

General Information

Job Name: _____
Job Address: _____
Contractor: _____
Contractor Ph # _____

Approximate Number of Panels _____
No. of Bldgs.: _____ No. of Books _____
Date Submitted: _____ Request Date: _____
Job Supt: _____
Supt. Phone #: _____

Services Requested

- Panel Lifting & Bracing
- Bracing Only
- Calculations (additional charge)
- Rush Charge (additional charge)

- Embeds (additional charge)
- Professional Stamp (additional charge)
- 6 Books @ no charge, \$0.30 per sheet for additional Books

Preferred Lifting & Bracing System

- Dayton System Face Lift Insert _____
- Universal System Edge Lift Insert _____
- Burke System Brace Type _____

- Wall Brace Anchor _____
- Floor Brace Anchor _____
- Strongback Type _____

Additional Information

Concrete Compressive Strength at Time of Lift _____
Panel Cast Inside Face up
 Outside Face Up

Deadman Required? _____ Elevation _____
 Cylindrical Continuous Square/Rectangular

Concrete Unit Weight _____
Design Braces Based On _____ MPH.

Rigging Desired:
 R-22 R-24 R-42 Other _____

Mailing Options

- Regular Mail
- E-mail to: _____

- Overnight Services
- Fax to: _____

Special Instructions

Prestige Tilt-Up Use Only

Date Received _____
Scheduled Mailing Date: _____

PTCI Job Number: _____
Received By: _____