



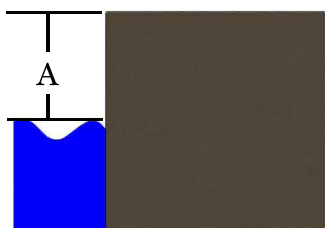
# Deck Configuration Form

Please complete form and email to [sales@globalliftcorp.com](mailto:sales@globalliftcorp.com)

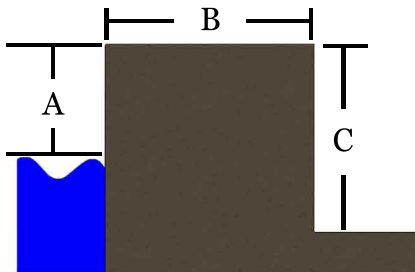


Please select deck profile:

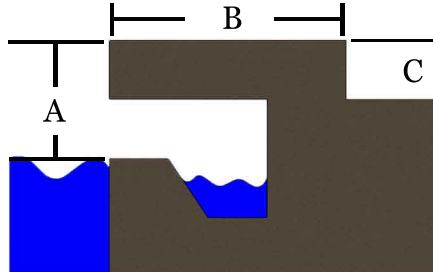
1. ☐ Gutterless Deck



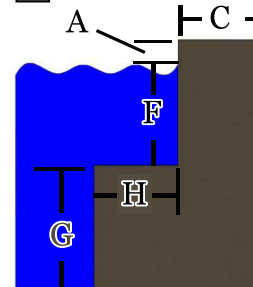
2. ☐ Above Ground Pool



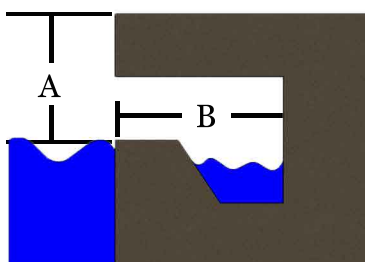
3. ☐ Fully Recessed Gutter w/ Parapet



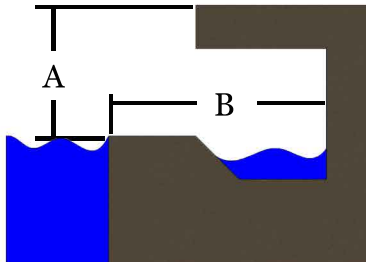
4. ☐ In Ground Spa



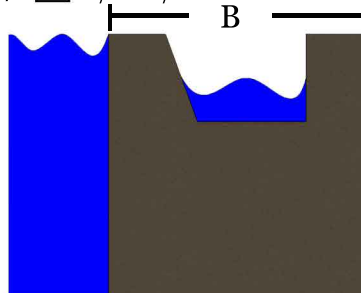
5. ☐ Fully Recessed Gutter



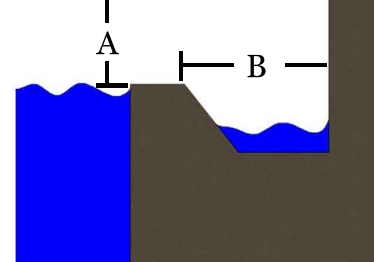
6. ☐ Partially Recessed Gutter



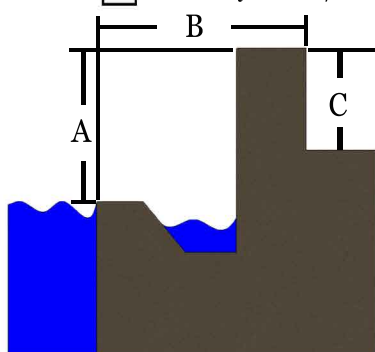
7. ☐ Flush Gutter & Deck w/ or w/o Bullnose



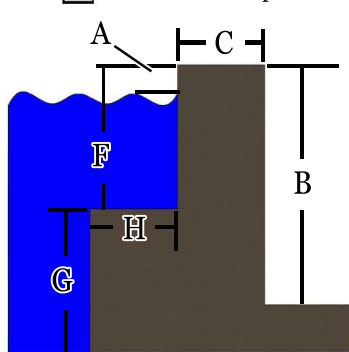
8. ☐ Rollout Gutter



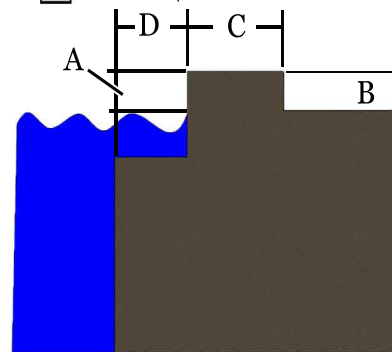
9. ☐ Gutter System w/ Curb



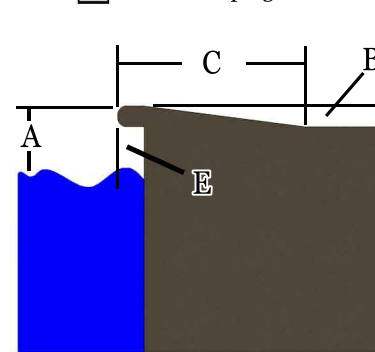
10. ☐ Above Ground Spa



11. ☐ Rollout w/ Curb



12. ☐ Bullnose Coping



Enter corresponding dimensions:

A: \_\_\_\_\_ B: \_\_\_\_\_ C: \_\_\_\_\_ D: \_\_\_\_\_ E: \_\_\_\_\_ F: \_\_\_\_\_ G: \_\_\_\_\_ H: \_\_\_\_\_

Please provide accurate dimensions for pool area so a proper lift can be recommended that will best fit your configuration, while remaining ADA compliant. Global Lift Corporation will not be held responsible for any misapplication(s) of any lift provided by Global Lift Corporation without a complete Deck Configuration Form.

**Please complete form and email to [sales@globalliftcorp.com](mailto:sales@globalliftcorp.com)**

Distributor Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Purchaser \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Property Name \_\_\_\_\_ PO Number \_\_\_\_\_

☐ Please check the box to show that you confirmed that your location meets the ADA Clear Deck Space Requirements (1009.2.3). Please refer to [www.globalliftcorp.com](http://www.globalliftcorp.com) and click the ADA Laws link for further information on ADA Clear Deck Space Requirements.

Phone 1-866-712-0606  
[www.globalliftcorp.com](http://www.globalliftcorp.com)

