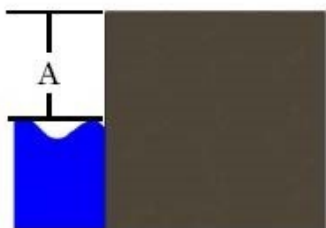
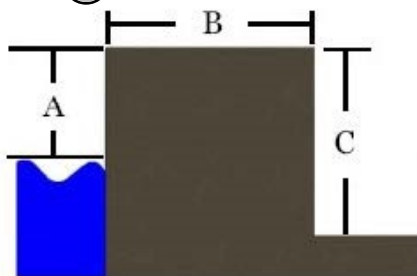


Please select deck profile:

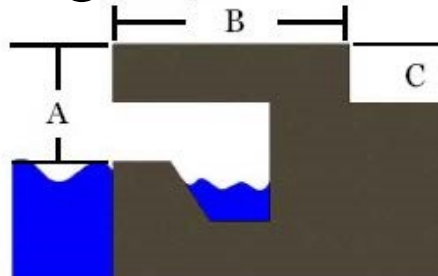
1. ☐ Gutterless Deck



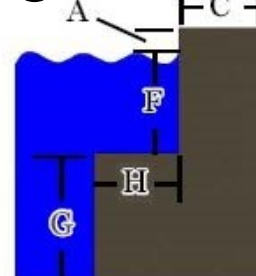
2. ☐ Above Ground Pool



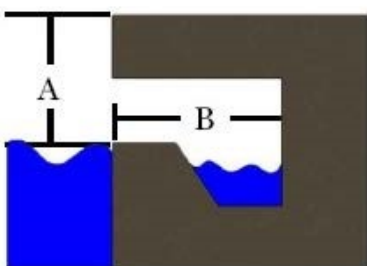
3. ☐ Fully Recessed Gutter w/ Parapet



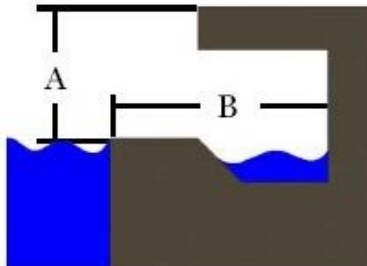
4. ☐ In Ground Spa



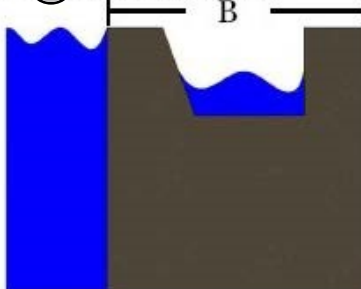
5. ☐ Fully Recessed Gutter



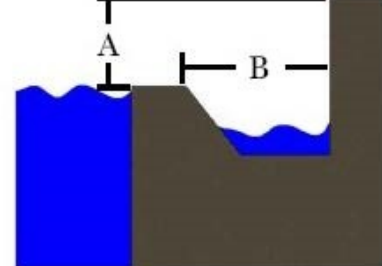
6. ☐ Partially Recessed Gutter



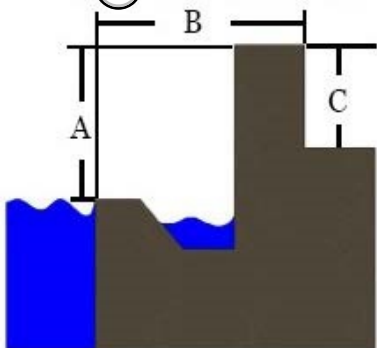
7. ☐ Flush Gutter & Deck w/ or w/o Bullnose



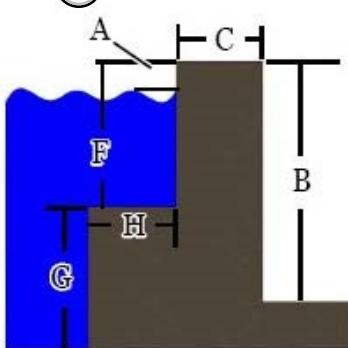
8. ☐ Rollout Gutter



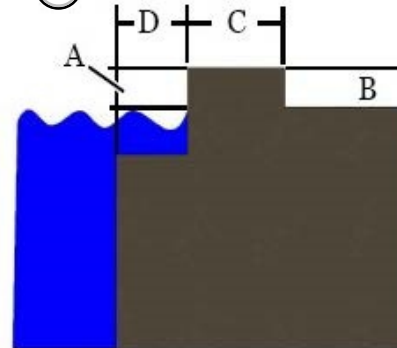
9. ☐ Gutter System w/ Curb



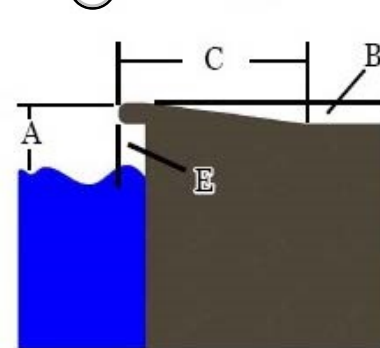
10. ☐ Above Ground Spa



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.

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 and click the ADA Laws link for further information on ADA Clear Deck Space Requirements.