



GAF Architectural Information Services
Submittal Express Program – Low Slope
 800-522-9224, Option 1
 Email to AIS@gaf.com

Request Date: _____ Size: _____
 GAF Rep & Territory #: _____
 Contractor Cert # & Status: _____



SUBMITTAL EXPRESS FORM – LOW SLOPE

Status: (check one) Secured Bid Opportunity Bid/Presentation Date: _____

| | | | |
|---|--|-----------------------------------|--------------------------------|
| Requested By: | Project Name: | | |
| Contractor Company Name: | Address: | | |
| Contact Name: | City: | | |
| Address: | State: | Zip: | |
| City: | Architect Name/Location: | | |
| State: | Zip: | | |
| Phone: | Lead Source – Dodge #: | | |
| | Other Source: | | |
| MAILING ADDRESS <input type="checkbox"/> Same as above | SYSTEM Fill in all that applies to system (Must have system from the deck up) | | |
| Company Name: | Spec #: | | |
| Contact Name: | <input type="checkbox"/> New | <input type="checkbox"/> Tear off | |
| Address: | <input type="checkbox"/> Recover – what is the existing system: | | |
| City: | | | |
| State: | Zip: | | |
| Phone: | <input type="checkbox"/> Wood Plank | <input type="checkbox"/> Plywood | <input type="checkbox"/> OSB |
| LETTERS/LITERATURE Check box or select YES or NO for all information needed | <input type="checkbox"/> Metal Gauge: _____ | <input type="checkbox"/> Concrete | <input type="checkbox"/> LWC |
| | <input type="checkbox"/> Tectum | <input type="checkbox"/> Gypsum | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fire Code Class: | Vapor Barrier: | | |
| <input type="checkbox"/> Windstorm Classification: | Insulation (1 st Layer): Attachment Method: (check one) <input type="checkbox"/> Olybond <input type="checkbox"/> #12 <input type="checkbox"/> #14 <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Guarantee/Term: Deviation: <input type="checkbox"/> Yes <input type="checkbox"/> No | Insulation (2 nd Layer): Attachment Method: (check one) <input type="checkbox"/> Olybond <input type="checkbox"/> #12 <input type="checkbox"/> #14 <input type="checkbox"/> Other: _____ | | |
| Reason: | Insulation (3 rd Layer): Attachment Method: (check one) <input type="checkbox"/> Olybond <input type="checkbox"/> #12 <input type="checkbox"/> #14 <input type="checkbox"/> Other: _____ | | |
| Contractor Certification Letter <input type="checkbox"/> Yes <input type="checkbox"/> No | Base Sheet: | | |
| Technical Data Sheets <input type="checkbox"/> Yes <input type="checkbox"/> No | Ply/Interply Sheets: | | |
| Safety Data Sheets <input type="checkbox"/> Yes <input type="checkbox"/> No | Cap Sheet/Color: Attachment Method (check one): <input type="checkbox"/> Hot Asphalt <input type="checkbox"/> Cold Adhesive | | |
| Design Line <input type="checkbox"/> Yes <input type="checkbox"/> No (CSI detailed spec, 10-15 pages) | Flashing Membrane: | | |
| Cut Spec <input type="checkbox"/> Yes <input type="checkbox"/> No (One page, showing system from deck up) | Single Ply Membrane Type: | | |
| Email: <input type="checkbox"/> Yes <input type="checkbox"/> No | Thickness: | | |
| Email Address: | Color: | | |
| Number of Books if needed: | Attachment Method: (check one) <input type="checkbox"/> MA <input type="checkbox"/> FA <input type="checkbox"/> BA <input type="checkbox"/> RB | | |
| <input type="checkbox"/> Bound _____ | Fasteners: (check one) <input type="checkbox"/> #14 <input type="checkbox"/> #15 <input type="checkbox"/> #21 <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Unbound _____ | Adhesive: (check one) <input type="checkbox"/> Solvent <input type="checkbox"/> Low VOC <input type="checkbox"/> WB181 | | |
| Number of Samples if needed: | Slope: | | |
| Date Needed By (Please allow at least 48 hours for processing): | | | |