



GAF Architectural Information Services
 Low Slope – Cut Spec & Design Line Form
 800-522-9224
 Email to AIS@gaf.com

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



Low Slope – Cut Spec & Design Line Form

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 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: _____		
Design Line <input type="checkbox"/> Yes <input type="checkbox"/> No (CSI detailed spec, 10-15 pages)	Base Sheet:		
Cut Spec <input type="checkbox"/> Yes <input type="checkbox"/> No (One page, showing system from deck up)	Ply/Interply Sheets:		
Email: <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		
Email Address:	Flashing Membrane:		
Additional Comments:	Single Ply Membrane Type:		
	Thickness:		
	Color:		
	Attachment Method: (check one) <input type="checkbox"/> MA <input type="checkbox"/> FA <input type="checkbox"/> BA <input type="checkbox"/> RB		
	Fasteners: (check one) <input type="checkbox"/> #14 <input type="checkbox"/> #15 <input type="checkbox"/> #21 <input type="checkbox"/> Other: _____		
Adhesive: (check one) <input type="checkbox"/> Solvent <input type="checkbox"/> Low VOC <input type="checkbox"/> WB181			
Slope:			
Date Needed By (Please allow at least 48 hours for processing):			