



**GAF Architectural Information Services**  
**Submittal Express Program – TOPCOAT®**  
 800-522-9224  
 Email to [AIS@gaf.com](mailto:AIS@gaf.com)  
 Fax us at 877-271-6588



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



## SUBMITTAL EXPRESS FORM – TOPCOAT®

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

<input type="checkbox"/> Design Line <small>(CSI detailed spec, 10-15 pages)</small>	<input type="checkbox"/> Cut Spec <small>(One page, showing system from deck up)</small>	<b>Project Name:</b>	
<b>Requested By:</b>		Address:	
<b>Contractor Company Name:</b>		City:	
<b>Contact Name:</b>		State:	Zip:
Address:		Architect Name/Location:	
City:			
State:	Zip:	Lead Source – Dodge #:	
Phone:		Other Source:	
<b>MAILING ADDRESS</b>		<b>SYSTEM</b> <b>Fill in all that applies to system</b> <b>(Must have system from the deck up)</b>	
<input type="checkbox"/> Same as above		<b>Deck Type/Existing Roof:</b>	
<b>Company Name:</b>		<b>Guarantee Length:</b>	
<b>Contact Name:</b>		<b>Application Rate:</b>	
Address:		<b>PLEASE CHECK APPROPRIATE COMPONENTS</b>	
City:		<input type="checkbox"/> TOPCOAT® Membrane <input type="checkbox"/> WOB <input type="checkbox"/> MB Plus <input type="checkbox"/> Surface Seal SB <input type="checkbox"/> EnergyCote <input type="checkbox"/> Sky-Lite <input type="checkbox"/> EPDM Coating <input type="checkbox"/> FireShield MB <input type="checkbox"/> FireShield SB <input type="checkbox"/> XR -2000 Kynar Coated Metal Primer <input type="checkbox"/> MP-300 Rust Inhibiting Primer <input type="checkbox"/> Precote <input type="checkbox"/> Liquid Fabric Flashing Grade <input type="checkbox"/> Flashing Grade Regular <input type="checkbox"/> Flashing Grade Spray <input type="checkbox"/> FlexSeal <input type="checkbox"/> Surface Seal SB Primer <input type="checkbox"/> TPO Primer	
State:	Zip:		
Phone:			
<b>LETTERS/LITERATURE</b>			
<b>Check box or select YES or NO for all information needed</b>			
<input type="checkbox"/> Fire Code Class:			
<input type="checkbox"/> Guarantee/Term:			
Deviation: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason:			
Contractor Certification Letter <input type="checkbox"/> Yes <input type="checkbox"/> No			
Technical Data Sheets <input type="checkbox"/> Yes <input type="checkbox"/> No			
Safety Data Sheets <input type="checkbox"/> Yes <input type="checkbox"/> No			
Design Line <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(CSI detailed spec, 10-15 pages)</small>			
Cut Spec <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(One page, showing system from deck up)</small>			
Email: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address:			
Number of Books if needed:			
<input type="checkbox"/> Bound _____			
<input type="checkbox"/> Unbound _____			
Number of Samples if needed:			
<b>Date Needed By (Please allow at least 48 hours for processing):</b>			