



**GAF®**  
**Architectural Information Services**  
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**Cut Spec & Design Line Form**

Request Date: \_\_\_\_\_ Project Size: \_\_\_\_\_  
 GAF Rep: \_\_\_\_\_ Cont. Cert. # & Status: \_\_\_\_\_

<b>Requested by: (Company Name &amp; Contact)</b>		<b>Project Name:</b>	
Address:		Address:	
City:		City:	
State	Zip:	State:	Zip:
Phone:			
Email Address:			
<b>Contractor:</b>		Architect:	
<input type="checkbox"/> Design Line (CSI detailed spec, 10-15 pages)		<input type="checkbox"/> Cut Spec (One page, showing system from deck up)	
Owner name and address:			
<b>PLEASE DESCRIBE SYSTEM YOU WOULD LIKE SPECIFIED FROM THE DECK UP, INCLUDING ANY EXISTING ROOFING MATERIALS</b>			
<b>AGE/CONDITION OF EXISTING ROOF:</b>			
<b>EXISTING ROOF/SUBSTRATE:</b>  <input type="checkbox"/> Metal <input type="checkbox"/> Granulated MB/BUR (SBS or APP or BUR) <input type="checkbox"/> Smooth MB/BUR (SBS or APP or BUR) <input type="checkbox"/> TPO <input type="checkbox"/> Hypalon <input type="checkbox"/> PVC <input type="checkbox"/> EPDM <input type="checkbox"/> Concrete <input type="checkbox"/> Transite Panel <input type="checkbox"/> Other (describe):		<b>Existing Deck Type:</b>  <b>New Assembly Description:</b>	
Existing condition:      Good      Fair      Poor			
Guarantee Type & Duration :		Dodge or ISqFt ID #:	