



WeatherStopper® Golden Pledge Ltd. Warranty Application Form

Owner's Name		Phone
Street, City, State		Zip
Street, City, State of building (if different)		Zip
Contractor's Name	Phone	GAF Certification # (MUST include)
Street, City, State		Zip

CONTRACTOR: INDICATE PRODUCT USED IN EACH OF THE FOLLOWING CATEGORIES

<p>1. GAF Shingles</p> <p><input type="checkbox"/> Royal Sovereign® <input type="checkbox"/> Marquis® WeatherMax® <input type="checkbox"/> Timberline® Natural Shadow™ <input type="checkbox"/> Timberline® HD™ <input type="checkbox"/> Timberline® ArmorShield™ II <input type="checkbox"/> Timberline® Cool Series <input type="checkbox"/> Timberline® Ultra HD™ <input type="checkbox"/> Timberline® American Harvest™ <input type="checkbox"/> Slateline® <input type="checkbox"/> Capstone® <input type="checkbox"/> Grand Sequoia® <input type="checkbox"/> Grand Canyon™ <input type="checkbox"/> Country Mansion® <input type="checkbox"/> Grand Slate™ <input type="checkbox"/> Camelot® <input type="checkbox"/> Camelot®II <input type="checkbox"/> Country Mansion® II <input type="checkbox"/> Grand Slate™ II <input type="checkbox"/> Other GAF Lifetime Shingle_____</p> <p>1A. How many nails were used to install each shingle? <input type="checkbox"/> 6 Nails <input type="checkbox"/> 4 Nails</p> <p>1B. StainGuard Labeled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. GAF Roof Deck Protection <input type="checkbox"/> Deck Armor™ <input type="checkbox"/> Shingle-Mate® <input type="checkbox"/> Tiger Paw™ <input type="checkbox"/> VersaShield® <input type="checkbox"/> RoofPro™</p> <p>3. GAF Leak Barrier <input type="checkbox"/> Weather Watch®(any version) <input type="checkbox"/> StormGuard® <input type="checkbox"/> UnderRoof™ (any version)</p> <p>4. GAF Pre-Cut Starter Strip <input type="checkbox"/> WeatherBlocker™ <input type="checkbox"/> Pro-Start™ <input type="checkbox"/> Other GAF with factory-applied adhesive)_____</p>	<p>5. GAF Attic Ventilation <input type="checkbox"/> Cobra® (roll) <input type="checkbox"/> Cobra® Ridge Runner™ (rigid roll) <input type="checkbox"/> Cobra® Rigid Vent 3™ <input type="checkbox"/> Cobra® FasciaFlow™ Intake Ventilation <input type="checkbox"/> Cobra® Snow Country™ or Snow Country Advanced™ <input type="checkbox"/> Vented RidgeCrest™ <input type="checkbox"/> Other GAF Cobra® exhaust ventilation _____</p> <p>The following may be used if Cobra® vents cannot be used due to a structure's architecture: <input type="checkbox"/> Master Flow® Solar-Powered Roof Exhaust Vents <input type="checkbox"/> Other Master Flow® Exhaust Vents_____</p> <p>6. GAF Ridge Cap Shingles <input type="checkbox"/> Timbertex® <input type="checkbox"/> Seal-A-Ridge® <input type="checkbox"/> Ridglass® <input type="checkbox"/> Z-Ridge® <input type="checkbox"/> Vented RidgeCrest™ <input type="checkbox"/> Other GAF_____</p> <p>8. GAF Accessory Paint <input type="checkbox"/> ShingleMatch™ <input type="checkbox"/> No accessory paint used</p> <p>9. Type of Structure <input type="checkbox"/> Single family, detached residence <input type="checkbox"/> Multi-family <input type="checkbox"/> HOA/Condo Assoc. <input type="checkbox"/> Commercial Property</p> <p>10. Low Slope Roofing Products Used <input type="checkbox"/> GAFGLAS® #75 Base Sheet <input type="checkbox"/> Ruberiod® SBS Base Sheet <input type="checkbox"/> Ruberiod® SBS Modified Bitumen Membrane <input type="checkbox"/> Liberty™ SBS Self-Adhering Base and Cap Sheets <input type="checkbox"/> Liberty™ SBS Mechanically-Attached Base Sheet <input type="checkbox"/> RoofMatch™ SBS Self-Adhering TPO Membranes <input type="checkbox"/> Freedom™ Self-Adhering TPO Membranes <input type="checkbox"/> LeakBuster™/Matrix™ SBS-Modified Adhesive <input type="checkbox"/> LeakBuster™/Matrix™ SBS-Modified Flashing Cement <input type="checkbox"/> LeakBuster™/Matrix™ 205 APP-Modified Adhesive <input type="checkbox"/> The use of BMCA Pre-Flashed Accessories is also recommended</p>
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Send to:

GAF • Warranty Services • 1 Campus Drive • Parsippany, NJ 07054
Phone: (888) 532-5767, Option 1 • Fax: (973) 872-4215 •



4A. GAF Pre-Cut Starter Strip Installation Method

- Installed on rakes only
- Installed on eaves only
- Installed on both rakes and eaves

of Buildings _____ # of Steep Slope Squares _____ Color _____ Date of Installation _____ Cost of Installation \$ _____

of Low Slope Squares _____

Contractor Signature _____ **Date** _____
 (Certifies that above information is accurate)

Payment Method:

GAF Bucks Credit Card* Check

* Please do not provide credit card information on this warranty application. A GAF representative will contact you in order to process the payment.