



GAF® Architectural Information Services
Submittal Express Program
 800-522-9224, ext 1408
 Fax to 877-271-6588 or
 Email to mvaughan@gaf.com

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

SUBMITTAL EXPRESS FORM

Status:(Choose one) Secured Bid Opportunity

Bid\Presentation Date: _____

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

PLEASE FILL IN ALL INFORMATION APPLICABLE