

# Authorized Contractor Program Annual Commitment Review

Enrollment Form

Updated 1/11



*Quality You Can Trust...From  
North America's Largest Roofing Manufacturer!™*



# Authorized Contractor Program Annual Commitment Review



**Basic Information:**

Company Name		GAF Contractor Number	
		Key Contact(s)	
DBA			
Street Address		Telephone	
City, State		Fax	
Zip Code		E-mail	
Mailing Address, if address is different from street address (i.e. PO Box, etc)			

<i>Program Requirements</i>	<i>Criteria</i>	<i>Meets or Exceeds</i>
Minimum Years In Business	3	<input type="checkbox"/>
Properly Licensed – please include current copy	Yes	<input type="checkbox"/>
Appropriate Insurance – please include current copies	Yes	<input type="checkbox"/>
Good Credit Rating	Yes	<input type="checkbox"/>
Good Standing With Better Business Bureau	Yes	<input type="checkbox"/>
Current With Primary Distributor	Yes	<input type="checkbox"/>
No Undisclosed Workmanship Judgments Against Firm	Yes	<input type="checkbox"/>

<i>Annual Minimum Requirements</i>	<i>Criteria</i>	<i>Contractor Commits to Meet or Exceed</i>
Includes maintaining all of the above plus the following:		
Minimum % of Total Discretionary Business*	30%	<input type="checkbox"/>
Foremen Installing GAF Guaranteed Work Pass Self-Administered Exam (By System Application Utilized)	Yes	<input type="checkbox"/>
Minimum Inspection Quality Rating for Guaranteed Jobs	7 or better to maintain Authorized Contractor status	<input type="checkbox"/>

\*Discretionary business is defined as all purchases of low slope roofing products except where an architect, specifier or building owner requires the contractor to use product manufactured by another company.

We understand that our obligations under the Authorized Roofing Contractor Agreement remain in full force and effect and that we must fulfill the above annual minimum requirements to stay in this Program. Also I hereby authorize GAF to contact us periodically by either email or fax.

**Contractor's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

As a GAF representative, I verify to the best of my ability that the information provided on this form is accurate and truthful. I also confirm to the best of my ability that this contractor either has met or will meet all the criteria detailed on this form.

GAF Representative Signature \_\_\_\_\_ Terr. # \_\_\_\_\_ Date \_\_\_\_\_

GAF Representative Name (print) \_\_\_\_\_

Final Approval - Corporate HQ (Wayne, NJ) \_\_\_\_\_

A GAF Corporate Representative must approve all applications

Please fax completed form, current copies of license and insurance to the Certified Contractor Program Team at 973-628-3799 or mail to GAF Materials Corporation, 1361 Alps Road, Wayne, NJ, 07470 Attention: CCP Team, Building 11.



# Authorized Contractor Program

**Basic Information:**

\*Complete form if adding new technology.

Company Name		GAF Contractor Number	
		Key Contact(s)	
DBA			
Street Address		Telephone	
City, State		Fax	
Zip Code		E-mail	
Mailing Address, if address id different from street address (i.e. PO Box, etc)			

**Additional System Approvals:**

Please list references below, in each new system technology for which you are applying. If you have no previous GAF or U.S. Intec guarantee history in that system technology, list job references from another manufacturer's system you have installed. Please be sure to include the name of the manufacturer.

 **Asphaltic Systems**

Job Name	City, State	Contact	Phone Number	Manufacturer
1				
2				
3.				

 **Single Ply Systems**

Job Name	City, State	Contact	Phone Number	Manufacturer
1				
2				
3.				

 **Restoration Systems**

Job Name	City, State	Contact	Phone Number	Manufacturer
1				
2				
3.				

**Contractor Authorization/Certification:**

I hereby give GAF permission to utilize the job references I have provided to be used in evaluation of my application with this GAF program. I understand that I am responsible for installing these systems in a skilled and workmen like manner and in strict accordance with all current specification requirements and recommendations as printed in the current specifications manuals.

Contractor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

As a GAF representative, I verify to the best of my ability that the information provided on this form is accurate and truthful. I also confirm to the best of my ability that this contractor either has met or will meet all the criteria detailed on this form.

GAF Representative Signature \_\_\_\_\_ Terr. # \_\_\_\_\_ Date \_\_\_\_\_

GAF Representative Name (print) \_\_\_\_\_

Final Approval - Corporate HQ (Wayne, NJ) \_\_\_\_\_

A GAF Corporate Representative must approve all applications

Please fax completed form, current copies of license and insurance to the Certified Contractor Program Team at 973-628-3799 or mail to GAF Materials Corporation, 1361 Alps Road, Wayne, NJ, 07470 Attention: CCP Team, Building 11.