



GAF® Architectural Information Services
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Cut Spec & Design Line Form

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

Status:(Choose one) Secured Bid Opportunity

Requested by: (Company Name & Contact)		Project Name:	
Address:		Address:	
City:		City:	
State	Zip:	State:	Zip:
Phone:			
Email Address:			
<input type="checkbox"/> Design Line (CSI detailed spec, 10-15 pages)		Architect:	
<input type="checkbox"/> Cut Spec (One page, showing system from deck up)			
SYSTEM (Must have system from the deck up)			
Spec #			
Guarantee/Term:			
Deviation: Yes or No Reason:			
Choose One: New Construction Tear Off Recover - what is existing system:			
<input type="checkbox"/> Wood Plank	<input type="checkbox"/> Plywood	<input type="checkbox"/> OSB	
<input type="checkbox"/> Metal Gauge:	<input type="checkbox"/> Concrete	<input type="checkbox"/> LWC	
<input type="checkbox"/> Tectum	<input type="checkbox"/> Gypsum	<input type="checkbox"/> Other	
Vapor Barrier:			
Insulation(1 st layer):			
Attachment Method: (Choose one) Olybond #12 #14 Other:			
Insulation(2 nd layer):			
Attachment Method: (Choose one) Olybond #12 #14 Other:			
Insulation(3 rd layer):			
Attachment Method: (Choose one) Olybond #12 #14 Other:			
Base Sheet:			
Ply/Interply Sheets:			
Cap Sheet/Color:			
Flashing Membrane:			
Single Ply Membrane Type:			
Thickness:		Color:	
Attachment Method: (Circle one) MA FA BA RB			
Fasteners: (Choose one) #14 #15 #21 Other: _____			
Adhesive: (Choose one) Solvent Low VOC WB181			
Slope:			