

GAF Small Business Group (SBG) Membership Application

Company Information

Name of Company: _____

Address: _____

Phone: _____ Fax: _____

Web Address: _____

Contact Person: _____ Email: _____

Contractor's License Information (Number, State, and Expiration):

DUNS Number: _____ Registered in SAM: Yes _____ No _____

Type of Small Business Concern (Please check all that apply):

SB ___ WOSB ___ VOSB ___ SDVOSB ___ HUBZone ___ 8(a) ___ DBE ___

Other(s) _____

By execution of this document, I hereby certify that the above information is true and accurate to the best of my knowledge;

Date _____

Name of Person Authorized to Sign: _____

Signature: _____

Mail this application along with your initial GAF Small Business Group membership fee of \$495.00 to:

GAF Certified Contractor Program
1 Campus Drive
Parsippany, NJ 07054

Or, you may fax your application to: 973.628.3866 and mail a copy with your check to the address above.



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