



**GAF®**  
**Architectural Information Services**  
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**Cut Spec & Design Line Form**

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

<b>Requested by: (Company Name &amp; Contact)</b>		<b>Project Name:</b>	
Address:		Address:	
City:		City:	
State	Zip:	State:	Zip:
Phone:			
Email Address:			
Contractor:		Architect:	
<input type="checkbox"/> Design Line (CSI detailed spec, 10-15 pages)			
<input type="checkbox"/> Cut Spec (One page, showing system from deck up)			
<b>SYSTEM (Must have system from the deck up)</b>			
<b>Deck Type:</b>	<b>Is the existing system insulated?</b>	<b>What is the TopCoat System we are coating?</b>	
<b>Guarantee Length:</b>	<b>Application Rate:</b>		
<b>PLEASE CIRCLE APPROPRIATE COMPONENTS</b>			
TopCoat Membrane	XR -2000 Kynar Coated Metal Primer		
WOB	MP-300 Rust Inhibiting Primer		
MB Plus	Precote		
Surface Seal SB	Liquid Fabric Flashing Grade		
EnergyCote	TopCoat Fastener Grade		
Sky-Lite	Flashing Grade Regular		
EPDM Coating	Flashing Grade Spray		
FireShield EPDM Coating	FlexSeal		
FireShield MB	Surface Seal SB Primer		
FireShield SB	TPO Primer		
PVDF Coating	TopCoat Flashing Fabric		