



**GAF®**  
**Architectural Information Services**  
**Phone – 800-522-9224**  
**Fax – 877-271-6588**  
**Email – ais@gaf.com**  
**Submittal Express 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>Deck Type and/or Roofing System:</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>SYSTEM (Must have system from the deck up)</b>		<b>PLEASE CIRCLE APPROPRIATE COMPONENTS</b>	
<b>LETTERS/LITERATURE</b>	TopCoat Membrane	XR -2000 Kynar Coated Metal Primer	
<input type="checkbox"/> Fire Code Class:	WOB	MP-300 Rust Inhibiting Primer	
<input type="checkbox"/> Windstorm Classification:	MB Plus	Precote	
<input type="checkbox"/> Guarantee/Term: <input type="checkbox"/> Deviation: Yes or No Reason:	Surface Seal SB	Liquid Fabric Flashing Grade	
<input type="checkbox"/> Contractor Certification Letter	EnergyCote	TopCoat Fastener Grade	
<input type="checkbox"/> Technical Data Sheets	Sky-Lite	Flashing Grade Regular	
<input type="checkbox"/> MSDS Sheets	EPDM Coating	Flashing Grade Spray	
<input type="checkbox"/> Design Line (CSI detailed spec, 10-15 pages)	FireShield EPDM Coating	FlexSeal	
<input type="checkbox"/> Cut Spec (One page, showing system from deck up)	FireShield MB	Surface Seal SB Primer	
<input type="checkbox"/> # of Packages Needed _____ <input type="checkbox"/> BOUND <input type="checkbox"/> UNBOUND	FireShield SB	TPO Primer	