

**Project Name:** \_\_\_\_\_

Building Owner: \_\_\_\_\_ Building Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Province: \_\_\_\_\_ City/State/Province: \_\_\_\_\_

Zip Code/Postal Code: \_\_\_\_\_ Zip Code/Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Building Information**

Total Squares: \_\_\_\_\_

Building Height: \_\_\_\_\_

Roof Access: \_\_\_\_\_

Start Date: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

**Guarantee Information**

Guarantee Type: \_\_\_\_\_

Guarantee Length: \_\_\_\_\_

**Addendum Requests**

Addendum: \_\_\_\_\_

**Roof Details**

Project Type: New Construction \_\_\_\_ Complete Tear-Off \_\_\_\_ Partial Tear-Off \_\_\_\_ Re-cover Existing Roof\* \_\_\_\_

\*If re-cover, please describe existing system: \_\_\_\_\_

Roof Slope: \_\_\_\_\_ Deck Type: \_\_\_\_\_

Thermal Barrier: \_\_\_\_\_ Vapor Barrier: \_\_\_\_\_

**Insulation Layer**

**Layer 1**

Type: \_\_\_\_\_ Thickness: \_\_\_\_\_ Insulation Size: \_\_\_\_\_ Attachment Type: \_\_\_\_\_

Describe Attachment: \_\_\_\_\_

**Layer 2**

Type: \_\_\_\_\_ Thickness: \_\_\_\_\_ Insulation Size: \_\_\_\_\_ Attachment Type: \_\_\_\_\_

Describe Attachment: \_\_\_\_\_

**Layer 3**

Type: \_\_\_\_\_ Thickness: \_\_\_\_\_ Insulation Size: \_\_\_\_\_ Attachment Type: \_\_\_\_\_

Describe Attachment: \_\_\_\_\_



# Asphaltic

GUARANTEE  
REGISTRATION

## Roof Assembly

GAF Base Sheet: \_\_\_\_\_  Hot Mopped  Cold Applied  Torch  Mechanically Attached  
 Self-Adhered

GAF Interply: \_\_\_\_\_  Hot Mopped  Cold Applied  Torch  Mechanically Attached  
 Self-Adhered  
# of Plies: \_\_\_\_\_

Cap Sheet: \_\_\_\_\_  Hot Mopped  Cold Applied  Torch  Mechanically Attached  
 Self-Adhered

## Surfacing

Base Wall Flashing

Lineal Ft. of Flashing: \_\_\_\_\_  Combustible  Non-Combustible

Please provide product names.

Ply Sheet 1: \_\_\_\_\_

Ply Sheet 2: \_\_\_\_\_

Ply Sheet 3: \_\_\_\_\_

## Notes/Conditions

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NOTE: THIS DOCUMENT IS FOR REFERENCE ONLY.