



**Master  
Select  
Roofing  
Contractor**

## **APPLICATION FOR GAF MATERIALS CORPORATION COMMERCIAL ROOFING GUARANTEES (NOTICE OF AWARD AND NOTICE OF COMPLETION/ FINAL ROOF REPORT) GAFMC MASTER SELECT CONTRACTORS ONLY**

### **REGISTERING A PROJECT**

1. Complete **all portions of Page 1**, Notice of Award of Contract (NOA, blue copy). All information on this form must be in accordance with **current GAFGLAS® or RUBEROID®** applications requirements. **Sign and date** the bottom portion.
2. A detailed roof drawing is required. All penetrations, drains, etc. must be included and indicated by use of the proper key numbers listed on the top of **Page RP. Blueprint plans, take-off sketches, and oversized drawings are not acceptable.**
3. Mail or fax the NOA to the Contractor Services Department. This form **must** be received by GAF Materials Corporation **at least 10 business days** prior to the start of the job to allow timely completion of the project registration process. Notify the local GAFMC Representative if the project must start before written acceptance of the project has been received from GAFMC. Projects for which unacceptable, inaccurate or incomplete information is received may not be accepted unless all concerns are addressed and clarified prior to the start of the job.
4. GAFMC will review the Notice of Award of contract and fax (where available) or mail a Notice of Award Confirmation. Review the information and advise your Contractor Services Representative of any necessary corrections.

### **OBTAINING A GUARANTEE**

1. Upon completion of the job, fill in the date of completion and any **remaining sections of Page 2**, the Notice Completion/Final Roof Report (green copy). Mail **Page 2** together with a **check for the balance of the full guarantee to the address listed below**. If the roof plan was not included with the Notice of Award, be sure to include it when mailing with the Notice of Completion. Faxed copies of the Notice of Completion will be accepted. Upon GAFMC's **receipt and acceptance of all required documentation (guarantee payment, copy of NOA and roof plan if not previously submitted)** the requested guarantee will be prepared and mailed directly to the GAFMC Master Select Roofing Contractor. Guarantee Issuance prior to the Final Inspection applies only to Diamond and System Pledge Guarantees.
2. When the Notice of Completion has been received, Contractor Services will notify the assigned inspector that project completion has been reported. You will be contacted by the inspector to schedule an inspection. Should you experience any problems with the scheduling process, contact your Contractor Service Representative at 1-800-766-3411 (Option 2). The scheduling of and attendance at the Final Inspection is the responsibility of the Roofing Contractor.

### **MASTER SELECT CONTRACTOR RESPONSIBILITIES**

1. Complete the job in accordance with the GAFMC specifications listed in the most recent GAFGLAS® or Ruberoid® applications and specifications manuals. Carefully review the information on the Notice of Award Confirmation; GAFMC is relying on its accuracy in issuing a guarantee.
2. Schedule and attend the Final Inspection.
3. Complete and punch list repairs. Return the signed punch list and photographic documentation of repairs to the Contractor Services Department. For Inspections rating 7 or higher, photographs will be optional.\* Any punch list rating below 7 will require photographic documentation.

\*GAFMC reserves the option to require photographic documentation of any repair

### **GUARANTEE FEE SALES TAX CONSIDERATIONS**

1. Several state and local governments require that taxes be collected on the sale of guarantees. It is the policy of GAFMC that the **Roofing Contractor shall be responsible** for the collection and distribution of all appropriate sales taxes to the proper taxing authorities.
2. It is the policy of GAFMC that the **Roofing Contractor shall be responsible** to collect and remit all appropriate sales taxes to the proper taxing authorities. By submitting the NOA, the roofing contractor specifically agrees to discharge this responsibility.

### **GAF MATERIALS CORPORATION MAILING ADDRESS/TELEPHONE NUMBER**

1. All correspondence, forms, and documentation should be mailed to:  
GAF  
Guarantee Services  
1 Campus Drive  
Parsippany, NJ 07054
2. Telephone inquires regarding technical matters or project/guarantee status should be directed to:  
1-800-ROOF-411

**NOTICE: FAILURE TO SUPPLY ALL REQUESTED INFORMATION MAY DELAY ISSUANCE OF YOUR GUARANTEE**



**Master Select Roofing Contractor**

# NOTICE OF AWARD OF CONTRACT

RETURN THIS COPY OF FORM AND PARTIAL PAYMENT FOR GUARANTEE

GAF FILE NO. \_\_\_\_\_

**Type of Guarantee requested (check one):**

- DIAMOND PLEDGE NDL  20 YEAR  15 YEAR  12 YEAR  10 YEAR  5 YEAR  
 SYSTEM PLEDGE (PENAL SUM)  20 YEAR  15 YEAR  12 YEAR  10 YEAR  5 YEAR  
 OTHER

1. Building Owner's Name, Address, Phone & Fax  
 Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_ Cnty: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Building Description - Usage, Height, Etc. \_\_\_\_\_

3. Building Name, Address with County \_\_\_\_\_

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_ Cnty: \_\_\_\_\_

4. Roofing Contractor's Name and Address \_\_\_\_\_

5. General Contractor's Name and Address \_\_\_\_\_

6. Specifier's/Consultant's Name and Address \_\_\_\_\_

Specification Number	Total Area (Squares)	Roof Slope	Base Flashing Material(s)
_____	_____	_____	_____

Project Type:  New Construction  Complete Tear Off  Recover Existing Roof\*  
 Recover existing roof - Describe existing insulation and membrane \_\_\_\_\_

\*Note for recover: Test cuts or an infrared are required.

Deck Type:  Steel, Gauge \_\_\_\_\_  Wood, Type and Thickness \_\_\_\_\_  Wood Fiber  Gypsum  
 Structural Concrete  LW Insulating Concrete If Lightweight Insulating Concrete - Also provide following information:  
 Loadmaster \_\_\_\_\_  Loadmaster Erector \_\_\_\_\_  
 Cellular/Structural Concrete  Vermiculite/Perlite over Slotted Steel Decking  Other: \_\_\_\_\_

Vapor retarder:  Yes, Type: \_\_\_\_\_ Top Side Venting:  Relief Vents  
 Add Attachment:  Mop  Mech. Fast. # of Plies: \_\_\_\_\_  Perimeter/Curb  No

**GAF Insulation:**

Layer 1: Type: \_\_\_\_\_ Thickness: \_\_\_\_\_ Attached:  Mop  Mech. Fast.  Mopped to a Nailed Base  
 Layer 2: Type: \_\_\_\_\_ Thickness: \_\_\_\_\_ Attached:  Mop  Mech. Fast.  
 Layer 3: Type: \_\_\_\_\_ Thickness: \_\_\_\_\_ Attached:  Mop  Mech. Fast.

All insulations supplied by GAF/BMCA?  Yes  No

**GAF Base and/or Interply:**  #75 Base Sheet  #80 Ultima  Stratavent® Eliminator™:  Perforated  Nailable  Ruberoid 20  FlexPly 6  
 Ply 4  Other: \_\_\_\_\_

**Attachment:**  Fully Mopped  Spot/Strip Mopped  Adhered  Nailed  Mech. Fastened  Mech. Fastened w/Insulation

**Membrane: RUBEROID:**  30  30 FR  Mop 170FR  Mop FR  Mop Plus  Mop Smooth  Mop Granule  Torch FR  
 Torch Plus  Torch Smooth  Torch Granule  SBS Heat Weld Granule  SBS Heat Weld™ Smooth  Dual FR  
 FlameFree™ 160FR  FlameFree™ 180FR  
 SBS Heat Weld 25  SBS Heat Weld 170FR  SBS Heat Weld Plus  SBS Heat Weld 250FR  Other: \_\_\_\_\_

**Membrane: GAFGLAS:**  Mineral Surface Cap Sheet

**Surfacing:**  Smooth with coating  Gravel  Other: \_\_\_\_\_

**Asphalt:**  Mopping Type: \_\_\_\_\_ Mfr: \_\_\_\_\_  Modified Bitumen Adhesive

Describe in detail the preparation and the installation (Please tell us what you are going to do): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Start Date: \_\_\_\_\_ GAF Territory Manager: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**Contractor's Certification:** This job will be completed in accordance with GAFMC's specifications as set forth in the most recent GAF MC Specification and Application Manual. **GAFMC is relying on the above information in issuing a guarantee.** Please verify it is correct.

**Authorized Representative (print name)** \_\_\_\_\_ **Signature X:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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# NOTICE OF COMPLETION/FINAL ROOF REPORT

REMAINDER OF FULL PAYMENT FOR GUARANTEE MUST ACCOMPANY THIS FORM

GAF FILE NO. \_\_\_\_\_

**Type of Guarantee requested (check one):**

- DIAMOND PLEDGE NDL  20 YEAR  15 YEAR  12 YEAR  10 YEAR  5 YEAR  
 SYSTEM PLEDGE (PENAL SUM)  20 YEAR  15 YEAR  12 YEAR  10 YEAR  5 YEAR  
 OTHER

1. Building Owner's Name, Address, Phone & Fax

Contact Name: \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_ Cnty: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Building Description - Usage, Height, Etc. \_\_\_\_\_  
 \_\_\_\_\_

3. Building Name, Address with County

\_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_ Cnty: \_\_\_\_\_

4. Roofing Contractor's Name and Address

\_\_\_\_\_  
 \_\_\_\_\_

5. General Contractor's Name and Address

\_\_\_\_\_  
 \_\_\_\_\_

6. Specifier's/Consultant's Name and Address

\_\_\_\_\_  
 \_\_\_\_\_

Specification Number	Total Area (Squares)	Roof Slope	Base Flashing Material(s)
_____	_____	_____	_____

Project Type:  New Construction  Complete Tear Off  Recover Existing Roof\*  
 Recover existing roof - Describe existing insulation and membrane \_\_\_\_\_  
 \*Note for recover: Test cuts or an infrared are required.

Deck Type:  Steel, Gauge \_\_\_\_\_  Wood, Type and Thickness \_\_\_\_\_  Wood Fiber  Gypsum  
 Structural Concrete  LW Insulating Concrete If Lightweight Insulating Concrete - Also provide following information:  
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 Cellular/Structural Concrete  Vermiculite/Perlite over Slotted Steel Decking  Other: \_\_\_\_\_

Vapor retarder:  Yes, Type: \_\_\_\_\_ Top Side Venting:  Relief Vents  
 Add Attachment:  Mop  Mech. Fast. # of Plies: \_\_\_\_\_  Perimeter/Curb  No

**GAF Insulation:**

Layer 1: Type: \_\_\_\_\_ Thickness: \_\_\_\_\_ Attached:  Mop  Mech. Fast.  Mopped to a Nailed Base  
 Layer 2: Type: \_\_\_\_\_ Thickness: \_\_\_\_\_ Attached:  Mop  Mech. Fast.  
 Layer 3: Type: \_\_\_\_\_ Thickness: \_\_\_\_\_ Attached:  Mop  Mech. Fast.  
 All insulations supplied by GAF/BMCA?  Yes  No

**GAF Base and/or Interply:**  #75 Base Sheet  #80 Ultima  Stratavent® Eliminator™:  Perforated  Nailable  Ruberoid 20  FlexPly 6  
 Ply 4  Other: \_\_\_\_\_

**Attachment:**  Fully Mopped  Spot/Strip Mopped  Adhered  Nailed  Mech. Fastened  Mech. Fastened w/Insulation

**Membrane: RUBEROID:**  30  30 FR  Mop 170FR  Mop FR  Mop Plus  Mop Smooth  Mop Granule  Torch FR  
 Torch Plus  Torch Smooth  Torch Granule  SBS Heat Weld Granule  SBS Heat Weld™ Smooth  Dual FR  
 FlameFree™ 160FR  FlameFree™ 180FR  
 SBS Heat Weld 25  SBS Heat Weld 170FR  SBS Heat Weld Plus  SBS Heat Weld 250FR  Other: \_\_\_\_\_

**Membrane: GAFGLAS:**  Mineral Surface Cap Sheet

**Surfacing:**  Smooth with coating  Gravel  Other: \_\_\_\_\_

**Asphalt:**  Mopping Type: \_\_\_\_\_ Mfr: \_\_\_\_\_  Modified Bitumen Adhesive

Describe in detail the preparation and the installation (Please tell us what you are going to do): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Start Date: \_\_\_\_\_ GAF Territory Manager: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**Contractor's Certification:** This job will be completed in accordance with GAFMC's specifications as set forth in the most recent GAF MC Specification and Application Manual. **GAFMC is relying on the above information in issuing a guarantee.** Please verify it is correct.

**Authorized Representative (print name)** \_\_\_\_\_ **Signature X:** \_\_\_\_\_

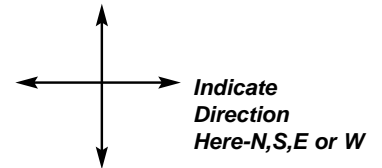
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# ROOF PLAN

Building Name \_\_\_\_\_

Roofing Contractor \_\_\_\_\_

Show appropriate building dimensions. Indicate street intersections or adjoining buildings as required to locate job. Show perimeter, penetration and flashing conditions. ID numbers are listed below-example: 1=parapet wall



- |                 |              |                      |                 |               |
|-----------------|--------------|----------------------|-----------------|---------------|
| 1. Parapet Wall | 6. Monitor   | 11. Ventilator       | 16. Roof Hatch  | 21. Tie-in    |
| 2. Vent Pipe    | 7. Tank      | 12. Courtyard        | 17. Drain       | 22. Walkway   |
| 3. Sign Support | 8. Fire Wall | 13. Expansion Joint  | 18. AC Unit     | 23. Gutter    |
| 4. Scupper      | 9. Penthouse | 14. Gravel/Drip Edge | 19. Ladder      | 24. Heatstack |
| 5. Skylight     | 10. Chimney  | 15. Sealant Pan      | 20. Access Door | 25. _____     |

**USE RED PENCIL TO INDICATE FLASHING**