

TopCoat® Seam-Free™ Restoration System Notice of Award

Form

Updated: 7/04



*Quality You Can Trust Since 1886...
From North America's Largest Roofing Manufacturer™*



NOTICE OF AWARD



10 Easy Steps to Register A Project

- Step 1** **Complete** all sections of the **Notice of Award**, including Roof Plan
- Step 2** **Submit** the completed NOA at least 10 days prior to starting of the job by
• Phone • Mail • Fax • Electronically
- Step 3** **Send** in a roof drawing* (white page titled Roof Plan or Blue Prints)
• Fax • Mail • Electronically
**Indicate dimensions, all penetrations, drains, etc.*
- Step 4** **Mail** a minimum of \$1000.00 or 50% of the guarantee fee
- Step 5** **Wait** to receive written acceptance. A **Notice of Award** Confirmation will be faxed to you.
- Step 6** **Go** ahead and start the job and when you are done, confirm the completion date by
• Phone • Mail • Fax • Electronically
- Step 7** **Mail** balance of the guarantee fee
- Step 8** **Schedule** by contacting TOPCOAT® at 1-800-766-3411, option 2, and attend inspection
- Step 9** **Complete** all punch list repairs within 30 days. Send in photographic documentation and signed punchlist when completed or schedule an inspection, if re-inspection is required on the punch list.
- Step 10** **Deliver** guarantee to property owner

How to contact us:

By Mail

Forms & General Correspondence:
TOPCOAT®
1361 Alps Road, Wayne, NJ 07470
Attn: Contractor Services Bldg. 11-2

Guarantee Fees:
TOPCOAT®
1361 Alps Road, Wayne, NJ 07470
Attn: Guarantee Cashier Bldg. 2

By Phone

1-800-766-3411, Option 2

Legal Stuff

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

Projects for which unacceptable, inaccurate, or incomplete information is received, or which are not in accordance with **current TOPCOAT®** specification guidelines may not be accepted unless all concerns are addressed and clarified prior to the start of the job.

Failure to supply all requested information may delay issuance of your guarantee.



NOTICE OF AWARD



Building Name: _____ **Roofing Contractor:** _____
Address: _____ **Address:** _____
City/State/Zip: _____ **City/State/Zip:** _____
Contact Name: _____ **Contact Name:** _____
Phone #: _____ **Phone #:** _____

Building Owner: _____ **Project Specifier:** _____
Address: _____ **Address:** _____
City/State/Zip: _____ **City/State/Zip:** _____
Contact Name: _____ **Contact Name:** _____
Phone #: _____ **Phone #:** _____

Type of NDL Guarantee Requested: Metal Roof

System	NDL Guarantee	Application	Dry Mil Thickness
<input type="checkbox"/> Bronze Classic System	2 years labor & material	1.00 gal/100 sq. ft. total (1 coat)	NA
<input type="checkbox"/> Bronze System	5 years labor & material	1.50 gal/100 sq. ft. total (1 coat)	14 mils field/74 mils details
<input type="checkbox"/> Silver System	10 years labor & material	2.00 gal/100 sq. ft. total (2 coats)	18 mils field/78 mils details
<input type="checkbox"/> Gold System	10 years labor, 15 years material	2.50 gal/100 sq. ft. total (2 coats)	23 mils field/83 mils details
<input type="checkbox"/> Platinum System	15 years labor & material	3.25 gal/100 sq. ft. total (2 coats)	30 mils field/90 mils details
<input type="checkbox"/> Titanium System	20 years labor & material	4.50 gal/100 sq. ft. total (3 coats)	42 mils field/90 mils details

Low Slope Restoration

<input type="checkbox"/> Emerald Pledge™	10-Year Material/Labor	Application Rates Vary by Substrate	Application Rates Vary by Substrate
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Project Information:

Total Roof Area, Including Flashing (in squares): _____ Building Usage: _____
Roof Slope: _____ Building Dimensions: Length: _____ Width: _____ Height: _____
Age of Roof: _____ Type of Existing Coating: _____
 Traffic Bearing Surface Ponding Water Leaks Residual Asphalt/Rust Type of Access: _____

Metal Roof System: New Existing: Type: _____ Existing Coating: _____

Restoration Roof System: BUR/MB Smooth Surface, Coated? Type of Coating: _____

BUR/MB Granule Surface Single-ply, Type: _____ Corrugated Transite Panel

Roof System Components:

- | | | |
|--|--|---|
| <input type="checkbox"/> TOPCOAT® Elastomeric Roofing Membrane | <input type="checkbox"/> TOPCOAT® Liquid Fabric Flashing Grade | <input type="checkbox"/> TOPCOAT® Sky-Lite |
| <input type="checkbox"/> TOPCOAT® Surface Seal SB | <input type="checkbox"/> TOPCOAT® Flashing Grade | <input type="checkbox"/> TOPCOAT® TOPESTER Fabric (rolls) |
| <input type="checkbox"/> TOPCOAT® Membrane WOB | <input type="checkbox"/> TOPCOAT® Flashing Grade Spray | <input type="checkbox"/> TOPCOAT® Surface Seal SB Primer |
| <input type="checkbox"/> TOPCOAT® MB Plus | <input type="checkbox"/> TOPCOAT® SB 900 | <input type="checkbox"/> TOPCOAT® MB-300 Rust Inhibitor |
| <input type="checkbox"/> TOPCOAT® One-Step | <input type="checkbox"/> TOPCOAT® FlexSeal | <input type="checkbox"/> TOPCOAT® XR-2000 |
| <input type="checkbox"/> TOPCOAT® EPDM Coating | <input type="checkbox"/> TOPCOAT® CRT | <input type="checkbox"/> TOPCOAT® Precote |
| <input type="checkbox"/> TOPCOAT® Wallcote™ | <input type="checkbox"/> TOPCOAT® SOLO | <input type="checkbox"/> EverTite™ Fasteners (pails) |

Contractor's Certification: This project will be completed in accordance with GAFMC's application and specification requirements as set forth in the most recent Topcoat Technical Manual. GAFMC is relying on the above information in issuing a guarantee. Please sign to verify that it is correct.

Contractor Signature: _____ **Project Start Date:** _____

Project: Accepted Accepted As Noted Rejected/Resubmit **Estimated Completion Date:** _____

TOPCOAT Authorized Signature: _____ **Date:** _____

Notes: _____

TOPCOAT®

A Division of GAF Materials Corporation • Contractor Services 11-2
1361 Alps Road • Wayne, NJ 07470 • (800) 766-3411 • E-mail: Guarantee Services@GAF.com



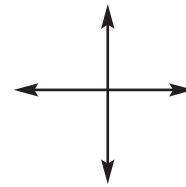
ROOF PLAN



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



*Indicate
Direction
Here-N,S,E or W*

- | | | | | |
|-----------------|--------------|----------------------|-----------------|---------------|
| 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