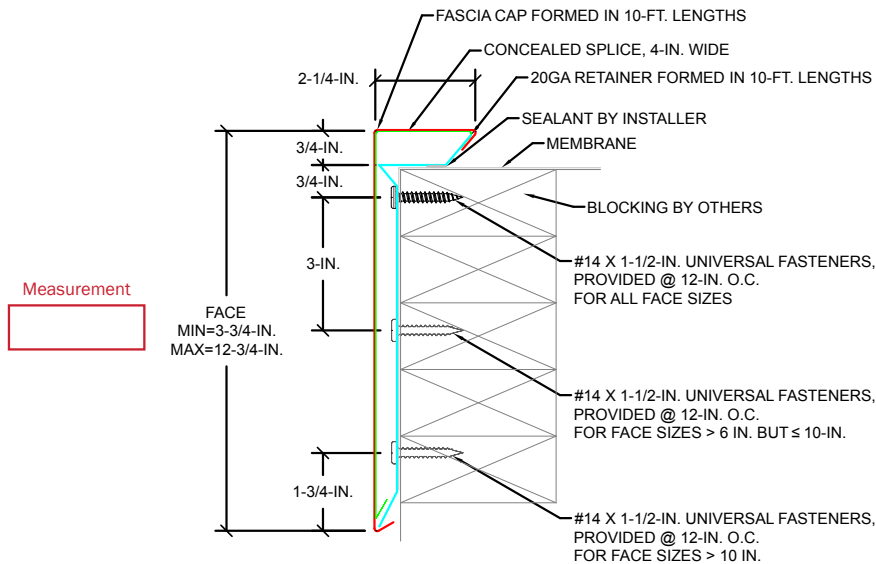


**ORDER SPECIFICATION FORM**

ANSI/SPRI/FM4435/ES-1 TEST PRESSURES UP TO 381 PSF (HORIZONTAL)



PRE-DRILL WITH 3/16-IN. DRILL BIT FOR MASONRY CONDITIONS.  
 CONTACT US FOR APPROPRIATE RECOMMENDATIONS NEEDED TO MEET/EXCEED  
 ANSI/SPRI/FM4435/ES-1 DESIGN CRITERIA

| APPROVALS                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | COVER MATERIAL                                                                                    | THICKNESS                                          | COVER FINISH                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Florida Product Approval                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Aluminum<br>Galvanized Steel<br>Stainless Steel                                                   | 24Ga.<br>22Ga.<br>.040 in.<br>.050 in.<br>.063 in. | Mill<br>Prefinished Kynar<br>Premium Prefinished Kynar<br>Post Finished Kynar<br>Prefinished Anodized<br>Post Finished Anodized |
| MIAMI-DADE COUNTY APPROVED                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>ACCESSORY TYPE</b><br>Welded<br>Folded                                                         |                                                    |                                                                                                                                 |
| <b>QUANTITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>CUSTOMER APPROVAL</b><br>Approved for Fabrication      Approved with Changes      Not Approved |                                                    |                                                                                                                                 |
| _____ Straight Length<br>_____ Total Miters (Inside: _____ / Outside: _____)<br>_____ Total End Caps (Left: _____ / Right: _____)<br>_____ Total End Terms (Left: _____ / Right: _____)<br>_____ Radius Notched<br>_____ Radius to Straight Miter Notched<br>_____ Radius End Cap<br>_____ Vault Welded<br>_____ Vault to Straight Miter Welded<br>_____ Vault End Cap<br>_____ Z-Miter<br>_____ Ridge Miter<br>_____ Valley Miter<br>_____ Sumps<br>_____ Spillouts |  | _____<br>Authorized Customer Signature                                                            |                                                    |                                                                                                                                 |
| <b>FACE HEIGHT</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | _____<br>Title _____ Date _____                                                                   |                                                    |                                                                                                                                 |
| <b>COLOR</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | _____<br>Job Name: _____                                                                          |                                                    |                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | _____<br>Project Location: _____                                                                  |                                                    |                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | _____<br>Customer: _____                                                                          |                                                    |                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | _____<br>Representative: _____                                                                    |                                                    |                                                                                                                                 |

