



Work Order Number	/ /	/ /	/ /
	AM PM	AM PM	AM PM



Work Request for TAS 106 Roof Uplift Test

Digitally Signed Copy Requested (\$10 Additional)
 Email to: _____

Emailed Digital
 report to client

Company Name: _____ Phone: _____ Test Date: _____
 Company Address: _____ City: _____ Zip Code: _____
 Jobsite Contact: _____ Phone: _____ P.O. Num: _____
 Email Address: _____ Gated? Yes No Gate Code: _____

Job Information

Project Name: _____ *Please attach builders sketch if available*
 Job Address: _____ City: _____ Zip Code: _____
 Roof Levels: _____ Stories: _____ Roof Area: _____ Squares: _____ Tile Type: _____
 Roof Height: _____ Length: _____ Width: _____ Slope: _____ Tile Shape: _____
 Tile Attachment? (NOA if nail set) _____ Roof Completed? Yes No Permit #: _____

An \$85.00 mobilization fee will be incurred by Client if Client fails to provide access to roof(s) in excess of 24' in height. THIS SERVICE REQUIRES DESTRUCTIVE TESTING. Please see our Terms and Conditions for more information.

TERMS AND CONDITIONS

THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS LOCATED AT WWW.FED-ENG.COM/RTI WHICH ARE HEREBY EXPRESSLY INCORPORATED INTO THIS DOCUMENT BY REFERENCE AS IF FULLY SET FORTH HEREIN. BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE READ THE TERMS AND CONDITIONS, OR HAVE BEEN GIVEN THE OPPORTUNITY TO VIEW SAME, AND INTEND TO BE BOUND THEREBY. Hard copies of F.E.T.'s Terms and Conditions are available upon request.

_____ Please Sign

_____ Print Name

_____ Date

Please sign & return via email to roofing@fed-eng.com

FET Field Use Only

Trip 1 Date: ___ / ___ / ___ <input type="checkbox"/> Pass <input type="checkbox"/> Fail Trip Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No Broken Tiles? _____ Failed Tiles? _____ Broken Ridge Caps? _____ Failed Ridge Caps? _____ Roof Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No Access? <input type="checkbox"/> Yes <input type="checkbox"/> No Client Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Who? _____ FET Tech Name How? _____	Trip 2 Date: ___ / ___ / ___ <input type="checkbox"/> Pass <input type="checkbox"/> Fail Trip Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No Broken Tiles? _____ Failed Tiles? _____ Broken Ridge Caps? _____ Failed Ridge Caps? _____ Roof Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No Access? <input type="checkbox"/> Yes <input type="checkbox"/> No Client Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Who? _____ FET Tech Name How? _____	Trip 3 Date: ___ / ___ / ___ <input type="checkbox"/> Pass <input type="checkbox"/> Fail Trip Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No Broken Tiles? _____ Failed Tiles? _____ Broken Ridge Caps? _____ Failed Ridge Caps? _____ Roof Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No Access? <input type="checkbox"/> Yes <input type="checkbox"/> No Client Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Who? _____ FET Tech Name How? _____
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