



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



Work Request for

Wind Load Calculations	Digitally Signed Copy Requested (\$10 Additional)	Emailed Digital report to client
Skylight Calculations	Email to: _____	
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: _____ Parapet: _____

Roof Height: _____ Length: _____ Width: _____ Slope: _____

Type of Roof Deck _____

Component to be secured? _____

NOA # _____ Page # _____ Option # _____

Please attach the product approval & limitations for the proposed roofing system that will be used. _____

DISCLAIMER

During the performance of the above-selected service, F.E.T. will be relying upon information provided by Client. Client acknowledges and agrees that F.E.T. shall not be responsible for any damages arising from the accuracy of the information provided to F.E.T. by Client. 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**