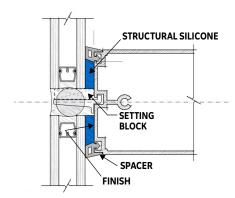


Structural Glazing Project Submittal Form

			Today's Date	Month	Day	Year
Project			Contact			
Name or Reference			Company Name			
Address			Contact Person			
City	State	Zip	Address			
Email			City	State	Zip	
Architect			Structural Silicone			
Glazing contractor			Structural Sealant(s) to be utilized on project: 2-part structural silicone:			
Glazing factory location			1-part structural silicone:			
			Other:			
System Information						
SSG system type			Spacer			
			Туре:			
If other, describe			Manufacturer:			
Governing dimensions (W x H) for calculating SSG bead width			ID:			
(largest piece of glass o W:	rgest piece of glass or panel to be adhesively bonded) . H: Units:		Composition:			
w.	H: Office	S.	Setting Block			
NEGATIVE	Is there sloped glazing on the project? Yes No If yes, + slope (permanent compression load imposed into silicone) - slope (permanent tension load imposed into silicone)		Manufacturer:			
			ID:			
			Composition:			
			Finish			
POSITIVE	Degree(s)		Type:			
			Manufacturer:			
	Weight of glass (worst case) Unit:	s:	ID:			
			Color:			
Design pressure(s) Comments		55.5				



Please send completed form to $\underline{ge_cst_marketing@momentive.com}$