



Job Approval Form

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Madico, Inc.
 9251 Belcher Road, N
 Pinellas Park, FL 33782
 Phone: 727-327-2544
 Email: contact@madico.com

Customer Profile

Customer Name:		
Address:		
City:	State/Province:	Zip/Postal:
Contact Name:		
Phone#:		

Dealer/Installer Information

Dealer Name:		
Address:		
City:	State/Province:	Zip/Postal:
Contact Name:		
Phone#:	Fax#:	
Email:		

Building Information

Glass Type (Check One) <input type="checkbox"/> (1) Clear Single Pane <input type="checkbox"/> (2) Tinted Single Pane <input type="checkbox"/> (3) Clear Double Pane <input type="checkbox"/> (4) Tinted or Reflective Double Pane <input type="checkbox"/> (5) Low-E, Surface # _____ <input type="checkbox"/> (6) Triple Pane	Glass Size in Inches (Largest on job) Width _____ Height _____ Proposed Film Type _____	Window Shape _____ Number of Windows _____
Glass Type Single Pane <input type="checkbox"/> Annealed <input type="checkbox"/> Laminated <input type="checkbox"/> Tempered Double Pane Exterior <input type="checkbox"/> Annealed <input type="checkbox"/> Laminated <input type="checkbox"/> Tempered Interior <input type="checkbox"/> Annealed <input type="checkbox"/> Laminated <input type="checkbox"/> Tempered	Glass Thickness (in inches) Single Pane _____ Double Pane Exterior _____ Interior _____	Building Age _____ Window/Glass Manufacturer _____ Glass Coating Name _____
Previous Window or Glass Failure <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what was the failure? _____		

Any additional information or photos regarding glass or window configuration, please attach to this form.

Window Framing

Framing System (Check One) <input type="checkbox"/> (1) Structural Rubber Gasket <input type="checkbox"/> (3) Concrete <input type="checkbox"/> (5) Aluminum or Steel - Solid <input type="checkbox"/> (2) Wood Sash <input type="checkbox"/> (4) Aluminum or Steel Tubular, Thin <input type="checkbox"/> (6) Vinyl		
Sealant Type (specify)	Sealant Condition <input type="checkbox"/> (1) Resilient <input type="checkbox"/> (2) Hardened	Condition of Frame <input type="checkbox"/> (1) Good <input type="checkbox"/> (2) Fair <input type="checkbox"/> (3) Poor
Outdoor Glazing Stop Color <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Dark <input type="checkbox"/> (3) Light	Indoor Structural Pocket <input type="checkbox"/> Yes <input type="checkbox"/> No	Skylights <input type="checkbox"/> Angled - Indicate degree _____ <input type="checkbox"/> Horizontal

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Outdoor Shading

Type (Circle One)

Vertical (1)	Horizontal (2)	Diagonal (3)	75% Shaded	Vertical Diagonal (7)	Horizontal Diagonal (8)	Diagonal Horizontal (9)	75% Shaded	Double Diagonal			
(4)	(5)	(6)	25% Shaded	(10)	(11)	(12)	25% Shaded	(13)	(14)	(15)	75% Shaded
								(16)	(17)	(18)	25% Shaded

Indoor Shading

Type (Check One) <input type="checkbox"/> (1) None <input type="checkbox"/> (2) Drapes <input type="checkbox"/> (3) Blinds	Drape Color <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Dark	Weave Type <input type="checkbox"/> (1) Open <input type="checkbox"/> (2) Closed	Blinds - Color <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Dark
Ventilation of Indoor Shading <input type="checkbox"/> (1) Ventilated <input type="checkbox"/> (2) Non-Ventilated	Space Between Glass & Shading (Check One) <input type="checkbox"/> (1) Two to Six Inches <input type="checkbox"/> (2) More Than Six Inches		

Heating / Cooling Vent Location

Room Side of Indoor Shading or no Shading <input type="checkbox"/> (1) Directed Away From Glass <input type="checkbox"/> (2) Directed Towards Glass	Between Glass & Indoor Shading <input type="checkbox"/> (1) Directed Away From Glass <input type="checkbox"/> (2) Directed Towards Glass
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Other Considerations

Design Winter Temperature <input type="checkbox"/> (1) Above 0°F <input type="checkbox"/> (2) Up to 40°F <input type="checkbox"/> (3) Above 40°F	Altitude <input type="checkbox"/> (1) Above 5,000 FT <input type="checkbox"/> (2) Below 5,000 FT	Adjacent Reflecting Surfaces <input type="checkbox"/> (1) None <input type="checkbox"/> (2) Dark <input type="checkbox"/> (3) Medium <input type="checkbox"/> (4) White
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Additional Project Comments

Authorizations

Customer	Date	Dealer	Date	Madico Approval	Date
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