



Job Approval Form

(page 1 of 2)

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 _____	Window Shape
		Proposed Film Type
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"/> (2) Wood Sash	<input type="checkbox"/> (3) Concrete <input type="checkbox"/> (4) Aluminum or Steel Tubular, Thin	<input type="checkbox"/> (5) Aluminum or Steel - Solid <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

Continue on page 2

THIS FORM MUST BE SAVED WITH A COPY OF THE WARRANTY

Outdoor Shading

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

Indoor Shading

Type (Check One)	Drape Color	Weave Type	Blinds - Color
<input type="checkbox"/> (1) None <input type="checkbox"/> (2) Drapes <input type="checkbox"/> (3) Blinds	<input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Dark	<input type="checkbox"/> (1) Open <input type="checkbox"/> (2) Closed	<input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Dark
Ventilation of Indoor Shading	Space Between Glass & Shading (Check One)		
<input type="checkbox"/> (1) Ventilated <input type="checkbox"/> (2) Non-Ventilated	<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	Between Glass & Indoor Shading
<input type="checkbox"/> (1) Directed Away From Glass <input type="checkbox"/> (2) Directed Towards Glass	<input type="checkbox"/> (1) Directed Away From Glass <input type="checkbox"/> (2) Directed Towards Glass

Other Considerations

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

Additional Project Comments

Authorizations

Customer	Date	Dealer	Date	Madico Approval	Date
----------	------	--------	------	-----------------	------

THIS FORM MUST BE SAVED WITH A COPY OF THE WARRANTY