

# ABAA AWARDED PROJECT NOTIFICATION

## INSTRUCTIONS

Submit this form to the ABAA office when awarded an **ABAA specified** project.  
 The Accredited Contractor is **REQUIRED** to report all ABAA specified projects to the ABAA office.  
 Failure to report any ABAA specified projects is in non-compliance with ABAA QAP requirements.

**A MINIMUM OF 2 WEEKS' NOTICE IS REQUIRED.**

### Project Information

Project Name:		
Address:	City:	State & Zip:
Estimated Start Date:	Estimated Completion Date:	
Air Barrier Contract Value (\$):	Total Air Barrier Square Footage (ft <sup>2</sup> ):	
Does the project require security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No		YES - submit required paperwork to ABAA
Did the Architect specify a certain number of audits in the project specifications? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Primary Air Barrier Material Type

Self-Adhered Sheet Membranes	<input type="checkbox"/>	Fluid Applied Membranes	<input type="checkbox"/>
Sprayed Polyurethane Foam (Medium Density Closed Cell)	<input type="checkbox"/>	Mechanically Fastened Commercial Building Wrap	<input type="checkbox"/>
Boardstock – Rigid Cellular Thermal Insulation Board	<input type="checkbox"/>	Factory-Bonded Membranes to Sheathing	<input type="checkbox"/>
Adhesive Backed Commercial Building Wrap	<input type="checkbox"/>		<input type="checkbox"/>
<b>Project Materials</b>		<b>Manufacturer Name</b>	<b>Product Name</b>
Primary Air Barrier (AB)			
Transition Materials (TM)			
What is the specified project thickness requirement?			
Are air barrier materials being installed listed under the Architect's project specification? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have any air barrier material(s) substitution(s) been approved for use by the Architect? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are all air barrier materials being installed compatible with each other? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the air barrier being installed an ABAA Evaluated Material Assembly? <input type="checkbox"/> Yes <input type="checkbox"/> No			

# ABAA AWARDED PROJECT NOTIFICATION

## Accredited Contractor

Firm:	License #:
Contact name:	
Phone:	Email:

**ALL** installers applying any air barrier assembly materials on the ABAA specified project are **REQUIRED** to be registered as a Level 1 installer or certified as a Level 2/3 installer with the ABAA.

A Level 3 certified installer is **REQUIRED** to be **onsite at all times** during any air barrier materials application.

Ratio: **Max** Five (5) Level 1 registered installers per One (1) Level 2/3 certified installer.

## Architect

Firm:	Contact name:
Address:	
Phone:	Email:

## General Contractor

Firm:	Contact name:
Address:	
Phone:	Email:
Site Contact:	Site Phone:

**REQUIRED WITH THIS FORM**

Copy of the Air Barrier Project Specification Section  
**AND**  
 Copy of the Air Barrier Contract

I hereby certify that the information provided is correct and true. I acknowledge that I may be required to verify this information with the appropriate documentation, if requested.

\_\_\_\_\_  
 Signature of Authority/Appointed Personnel for  
 ABAA Accredited Contractor

\_\_\_\_\_  
 Date

**Email:** [abaa@airbarrier.org](mailto:abaa@airbarrier.org)

# ABAA AWARDED PROJECT NOTIFICATION

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## FOR ABAA OFFICE USE ONLY

Quantity of audit(s) required for this project:

ABAA Project Number:

### NOTES OR SPECIAL INSTRUCTIONS