

PANEL FABRICATION APPROVAL FORM



Full Company Name: _____

Company Address: _____

Number of years company has been in business: _____

Instructions:

This form must be completed and sent with panel samples. Please send two (2) samples of each panel profile to the address below. Panel samples are to be 12" min., up to 18" max. in length. Any pan configuration is acceptable for certification. Repeat the sample process for each panel forming machine submitted on this form. Please clearly mark which machine each panel came from.

Drexel Metals Panel Check
412 W. Noble Ave, Suite 2
Williston, FL 32696

Primary Point of Contact:

Name: _____

Phone Number: _____

Email: _____

Drexel Metals Sales Representative: _____

Company Capabilities:

Please indicate your primary method of panel manufacturing. Please check one.

Jobsite manufacturing Factory manufacturing Both types of manufacturing

Does your company install roofing products? Yes No

If yes, are you currently certified to install Drexel Metals product? Yes No

Do you have seam sealant application capability (i.e., Hot Melt)? Yes No

Do you have panel curving capability? Yes No If Yes, Machine: _____

Do you have panel tapering capability? Yes No If Yes, Machine: _____

Do you have material perforation capability? Yes No If Yes, Machine: _____

Machine and Equipment Locations:

Do you have multiple locations that you fabricate our product from? Yes No

If yes, list locations and corresponding machine(s).

Location A: _____ Machine(s): Panel Former Auto Break Shear

Location B: _____ Machine(s): Panel Former Auto Break Shear

Location C: _____ Machine(s): Panel Former Auto Break Shear

Location D: _____ Machine(s): Panel Former Auto Break Shear

Location E: _____ Machine(s): Panel Former Auto Break Shear

Location F: _____ Machine(s): Panel Former Auto Break Shear

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Panel Forming Machine(s):

1. Manufacturer: _____ Serial #: _____ Model: _____

Location Letter (as noted at bottom of previous page): ____ Year of Machine: _____

Panel profile(s) this machine forms (*Check all that apply):

100NS	150SS	450SL	FWI	Board and Batten
100SS	175S	550S	FWQ100	
150NS	200S	Cap Seam	FWQ150	
150SL	450	Snap-On Batten	5V	

Rib option(s) this machine forms (*Check all that apply):

Clip Relief	Small V
Striations	Large V
Standard Bead	Small Pencil
Wide Bead	Large Pencil

2. Manufacturer: _____ Serial #: _____ Model: _____

Location Letter (as noted at bottom of previous page): ____ Year of Machine: _____

Panel profile(s) this machine forms (*Check all that apply):

100NS	150SS	450SL	FWI	Board and Batten
100SS	175S	550S	FWQ100	
150NS	200S	Cap Seam	FWQ150	
150SL	450	Snap-On Batten	5V	

Rib option(s) this machine forms (*Check all that apply):

Clip Relief	Small V
Striations	Large V
Standard Bead	Small Pencil
Wide Bead	Large Pencil

3. Manufacturer: _____ Serial #: _____ Model: _____

Location Letter (as noted at bottom of previous page): ____ Year of Machine: _____

Panel profile(s) this machine forms (*Check all that apply):

100NS	150SS	450SL	FWI	Board and Batten
100SS	175S	550S	FWQ100	
150NS	200S	Cap Seam	FWQ150	
150SL	450	Snap-On Batten	5V	

Rib option(s) this machine forms (*Check all that apply):

Clip Relief	Small V
Striations	Large V
Standard Bead	Small Pencil
Wide Bead	Large Pencil

4. Manufacturer: _____ Serial #: _____ Model: _____

Location Letter (as noted at bottom of previous page): ____ Year of Machine: _____

Panel profile(s) this machine forms (*Check all that apply):

100NS	150SS	450SL	FWI	Board and Batten
100SS	175S	550S	FWQ100	
150NS	200S	Cap Seam	FWQ150	
150SL	450	Snap-On Batten	5V	

Rib option(s) this machine forms (*Check all that apply):

Clip Relief	Small V
Striations	Large V
Standard Bead	Small Pencil
Wide Bead	Large Pencil

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Auto Brake Machine(s) if applicable:

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____
Manufacturer: _____ Serial #: _____ Model: _____ Location: _____
Manufacturer: _____ Serial #: _____ Model: _____ Location: _____
Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Shear Machine(s) if applicable:

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____
Manufacturer: _____ Serial #: _____ Model: _____ Location: _____
Manufacturer: _____ Serial #: _____ Model: _____ Location: _____
Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Quality Assurance:

Do you currently have any Go/No Go Gauges? Yes No

If so, which do you have (*Check all that apply):

- | | |
|-------|--------|
| 100NS | 200S |
| 150NS | 450SL |
| 150SS | 550S |
| 175S | FWQ100 |



EMAIL COMPLETED FORMS TO YOUR DREXEL REPRESENTATIVE