

**Engineering Judgment Request Form**  
**Joints**



**Phone: 1-949-975-8588**  
**Fax: (949) 724-8898**  
**E-Mail: ptp@painttoprotect.com**

**Date Submitted:** \_\_\_\_\_

Initiator's Name:		MO:	
Cell #:	Fax/Email:		
Project Name:			
Contractor/Architect:			
IFTI Account #:	Contact:		
Phone #:	Fax/Email:		

1. TYPE and THICKNESS of wall or curtain wall (include stud size for gypsum wall):	
2. TYPE and THICKNESS of floor or floor/ceiling assembly (include flute size):	
3. Type of joint system (check or circle one):	
<input type="checkbox"/> Floor to Floor <input type="checkbox"/> Floor to Wall <input type="checkbox"/> Top of Wall <input type="checkbox"/> Wall to Wall <input type="checkbox"/> Bottom of Wall <input type="checkbox"/> Curtain Wall	
4. Orientation of wall to floor/ceiling assembly (perpendicular/parallel):	
5. Maximum width of joint:	
6. Fire Rating (hrs):	
7. Comments (suggested product, accessibility problems, closest UL System, etc):	