



RCF3 – FORTIFIED Home™ Roofing Compliance Form for Tile Roof Cover – New Roof or Re-Roof

All sections must be completed and signed by installing Roofing Contractor Responsible Party to confirm that roof products and installation meet FORTIFIED Roof requirements. **This form is not valid unless all sections are filled out, initialed and/or signed by Roofing Contractor.** Location and date stamped photos documenting roof installation must match RCF to achieve FORTIFIED designation.

1. General Information (complete a through h):

- a. FORTIFIED ID: _____ (Obtain from homeowner or FORTIFIED Evaluator)
- b. Homeowner's Name: _____
- c. Property Street Address: _____
- d. City: _____
- e. State: _____
- f. ZIP: _____
- g. County: _____
- h. Date of roof installation: _____

2. Permit information (complete a, b, c, d OR e):

- a. Permit Number: _____
- b. Dated: _____
- c. Issued by the _____ (County/City/State) Building Department
- d. Date of final inspection by Building Department _____
- e. ____ Initial here if no permit was issued

3. Site Conditions (complete a through f):

- a. Building Code and Edition: _____
- b. Design Wind Speed (minimum $V_{ult} = 130$ mph): _____
- c. Exposure Category: B or C D
- d. Lowest slope of all roof areas with metal panel roof cover: _____/12
NOTE: If there are multiple roof cover types on the same home, separate Roofing Compliance Forms must be submitted for each roof cover type
- e. Mean Roof Height (MRH): _____ ft
MRH = ½ (height from ground to eave + height from ground to ridge)
- f. Check here if site is within 3,000 ft of saltwater
NOTE: If site is within 3,000 ft of saltwater, fasteners and connectors must comply with FORTIFIED Corrosion Protection Requirements per [Standard Detail F-G-1](#)



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4. Required Design Uplift Pressures (complete a):

- a. Enter required ASD design uplift pressures corresponding to no less than Vult = 130 mph and Exposure C for the MRH and roof slope entered above. (For identification of Roof Zones, refer to [F-G-2](#) "Roof and Wall Zone Diagram").

Zone 1: _____ psf Zone 2: _____ psf Zone 3: _____ psf

If different design pressures have been utilized for different areas of the roof, note them below:

Area's MRH _____ Area's slope _____; Zone 1: _____ psf Zone 2: _____ psf Zone 3: _____ psf

Area's MRH _____ Area's slope _____; Zone 1: _____ psf Zone 2: _____ psf Zone 3: _____ psf

5. Roof Sheathing (Decking) Type and Thickness (complete a through d):

- a. Sheathing type: (Check One/Write In) Plywood/OSB Wood board Other _____
- b. Sheathing thickness: _____
- c. Check here to confirm that sheathing thickness meets minimum FORTIFIED requirements per section 4.1 of the [2025 FORTIFIED Home Standard](#)
- d. Check here if sheathing does NOT meet minimum FORTIFIED thickness requirements, and professional engineer has provided signed and sealed letter verifying sheathing is adequately rated for span and applicable design wind pressures

6. Roof Sheathing Attachment (complete a OR b):

- a. New Roof Sheathing:
 - i. If wood board sheathing, enter nail type used and number of nails per board installed into each roof member intersection:

 Check here to confirm that wood new board sheathing attachments meets FORTIFIED requirements per [F-RS-1](#) "Roof Deck Attachment - Sawn Lumber or Wood Board Roof Deck with No Gaps"
 - ii. If plywood/OSB sheathing, enter nail type used and installed nail spacing:

 Check here to confirm that new plywood/OSB sheathing attachment meets FORTIFIED requirements per [F-RS-2](#) "New Construction Roof Deck Attachment - Structural Wood Panels"
- b. Re-Roof (Using Existing Sheathing):
 - Enter nail type used and installed additional nail spacing:

 - Check here to confirm that existing sheathing has been re-nailed to meet FORTIFIED requirements per one of the following Standard Details (check the one that applies):
 - [F-RR-3](#) "Re-Nailing the Roof Deck (Wood Structural Panels)" for plywood/OSB
 - Existing wood board sheathing has been re-nailed to meet the requirements of [F-RS-1](#) "Roof Deck Attachment - Sawn Lumber or Wood Board Roof Deck with No Gaps"
 - [F-RR-5](#) "Fastening Wood Structural Panel Sheathing Over Existing 1x Roof Deck Boards with Gaps Over 1/8"



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7. Sealed Roof Deck: *(complete a)*

- a. For tile roof covers, check here to confirm that roof deck has been sealed per one of the following methods illustrated in the FORTIFIED Standard Details *(check the one(s) that apply)*:
- [F-SRD-5](#) “Sealed Roof Deck - Flashing Tape, Underlayment and Roof Tile Cap Sheet - Concrete and Clay Tile Roof Covers, Steep Slope”
 - [F-SRD-6](#) “Sealed Roof Deck - Self-Adhered Membrane - Concrete and Clay Tile Roof Covers, Steep Slope”

8. Drip Edge: *(complete a thru c)*

- a. Is Installed drip edge (edge flashing) code compliant material? Yes No
- b. Was NEW drip edge (edge flashing) installed? Yes No
- c. Check here to confirm that drip edge extends ½” below sheathing, extends back on the roof a minimum of 2”, and is installed per [F-DE-1](#) “Drip Edge Installation Over Underlayment”

9. Flashing: *(complete a through c)*

- a. Is Installed flashing code compliant material? Yes No
- b. Was NEW flashing installed? Yes No
- c. Check here to confirm that new, corrosion-resistant flashing and fasteners in accordance with FORTIFIED [F-G-1](#) “Corrosion Protection Requirements” have been installed at all roof interruptions and terminations per manufacturer specifications as described in section 4.6 of [2025 FORTIFIED Home Standard](#)

10. Tile Roof Covering (2:12 or greater) *(complete a through l)*

- a. Tile manufacturer and product name:

- b. Certified test report/Product approval number:

- c. Installed systems from Certified Test Report/Product Approval:
Product approvals may include installation information for different systems. Enter design pressure rating for each installed system as applicable (enter up to 3):
- Installed System 1
System number: _____ design pressure rating or moment resistance rating of installed system 1: _____ psf
- Installed System 2
System number: _____ design pressure rating or moment resistance rating of installed system 2: _____ psf
- Installed System 3
System number: _____ design pressure rating or moment resistance rating of installed system 3: _____ psf
- d. Check here to confirm that design pressure rating/moment resistance of installed system(s) is adequate for the site conditions and required design uplift pressures in section 4
- e. Tile impact rating *(Select one of the following)*:
- FM 4473 Class 4 *(required for FORTIFIED Hail Supplement)*
 - No impact rating, cannot be verified, or other



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f. Structural Supports Certified Test Report/Product Approval Number:

g. Mechanical roof tile attachment:

Fastener type: _____

Fastener's size: _____

Fastener quantity (per tile): _____

Do tile fasteners meet FORTIFIED Corrosion Resistance Requirements per Standard Detail [F-G-1](#)? Yes No

h. Adhesive foam attachment:

Check here to confirm that foam installer is certified by manufacturer (certification number required in section 15)

Adhesive foam product name and manufacturer:

Adhesive foam certified test report/product approval number:

i. Tile underlayment certified test report/product approval number:

j. Check here to confirm that the required design pressure report(s) listed in section 4.7.2 of the [2025 FORTIFIED Home Standard](#) for installed metal panel roof cover system have been provided to FORTIFIED Evaluator

k. Check here to confirm that tile (including hip and ridge tile) and metal flashing are installed in accordance with manufacturer installation instructions

11. Roof Mounted Attic Vents (*complete a OR b OR c*)

a. Check here if attic is sealed (i.e. no ventilation at soffits, gable end vents, or attic vents of any kind)

b. Check here if attic is not sealed, and there are NO roof-mounted vents installed

c. Enter type and rating of installed roof-mounted vents

Ridge vents manufacturer and model _____

Off-ridge vents manufacturer and model _____

turbines manufacturer and model _____

Check here if all roof-mounted vents meet requirements of Florida Building Code TAS 100(A) (required)

Check here to confirm that all roof-mounted vents are installed per the vent manufacturer's high wind installation requirements



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12. Photovoltaic (PV) panels *(complete a and b OR c)*

- a. Check here to confirm that PV panels were installed and anchored to the roof to resist site design wind loads in accordance with engineered anchorage details
- b. Impact rating (Select all that apply):
 - Flexible PV modules that are FM Approved for hail or meet FM 4476 that includes a Severe Hail rating *(acceptable for FORTIFIED Hail Supplement)*
 - Rigid PV modules that are FM Approved for hail or meet FM 4478 that includes a Class 4 rating *(acceptable for FORTIFIED Hail Supplement)*
 - Rigid modules that meet UL 1703 Standards for Flat-Plate Photovoltaic Modules and Panels *(acceptable for FORTIFIED Hail Supplement)*
 - Other impact rating, cannot be verified or no rating
- c. Check here if there are no PV panels installed on the roof

13. Skylights *(complete a and b OR c OR d)*

- a. Impact rating *(Select all that apply)*:
 - ASTM E1886 with ASTM E1996 rated “B,” “C,” “D,” or “E” *(acceptable for FORTIFIED Hail Supplement)*
 - ANSI/FM 4431 with Severe Hail Rating *(acceptable for FORTIFIED Hail Supplement)*
 - Current Miami-Dade County NOA *(acceptable for FORTIFIED Hail Supplement)*
 - other impact rating, cannot be verified, or no rating
- b. Check here to confirm that skylights and light tunnels have been installed per manufacturer’s installation instructions for high-wind and/or to meet applicable design pressures ratings.
- c. Check here if there are no skylights installed on the roof
- d. For re-roofing applications only, check here if skylight is existing and skylight ratings and installation are unknown

- Complete and sign the Confirmation of Completion on the next page -



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14. Confirmation of Completion

I certify that I am the Installing Roofing Contractor Responsible Party licensed or authorized in the state of _____ and that the above information is true and accurate as of the date shown below. I understand that false or fraudulent information with the intent to deceive will be reported under insurance fraud guidelines.

Signature: _____ Date: _____

Printed Name: _____

Company: _____

Phone Number: _____

Address: _____

City: _____

State: _____ ZIP: _____

License or Registration Number: _____

FORTIFIED Wise Roofing Contractor ID Number: _____