

# Request for Roofing Warranty



The project may not begin until this application has been submitted and approved by our Project Review Department. Upon completion, a copy of the invoice(s) showing proof of purchase must be submitted.

Warranty Number \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Applicator \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## PROJECT INFORMATION

Job Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_

## OWNER INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_

## ROOF INFORMATION

Total Roof Area \_\_\_\_\_ sf Building Use \_\_\_\_\_ Roof Slope \_\_\_\_\_ / in 12"  
Deck Type \_\_\_\_\_ Existing Roof \_\_\_\_\_  
Bldg. Height \_\_\_\_\_ No. of Bldgs. \_\_\_\_\_ Moisture Assessment \_\_\_\_\_

## REQUESTED WARRANTY

Term \_\_\_\_\_ yrs. Type:  SPF Material (n/c)  Coating Material (n/c)  SPF System  
 Coating Restoration System  SPF Aggregate

## SCOPE OF WORK

Surface Prep:  Tear Off \_\_\_\_\_ sf  Pressure Wash  Scarify  Vacuum  Wet Vac  
Underlayment Board (type, thickness, and type of fastening) \_\_\_\_\_  
Insulation Board (type, thickness, and type of fastening) \_\_\_\_\_  
New Edge Metal Flashing  Yes  No Type \_\_\_\_\_ Parapets  Yes  No Height \_\_\_\_\_ ft  
Primer \_\_\_\_\_ Application Rate \_\_\_\_\_ Quantity \_\_\_\_\_ gals  
Polyurethane System \_\_\_\_\_ Thickness \_\_\_\_\_ inches Quantity \_\_\_\_\_ lbs  
Coating System \_\_\_\_\_ Thickness \_\_\_\_\_ dry mil Quantity \_\_\_\_\_ gals  
Base Coat \_\_\_\_\_ Thickness \_\_\_\_\_ dry mil Quantity \_\_\_\_\_ gals  
Topcoat Color \_\_\_\_\_ No. of Coats \_\_\_\_\_ Roof Granules \_\_\_\_\_ Application Rate \_\_\_\_\_  
Method(s) to achieve positive drainage \_\_\_\_\_

- Attach project specifications
- Attach pre-job pictures
- Attach detailed roof sketch

Send this form **before job start up** to:

RoofTite  
PO Box 7000  
Carlisle, PA 17013  
Ph: 800.441.9773 | Fax: 717.245.7121  
warrantyapplication@carlisleccm.com

I hereby certify that the above information is correct and that the proposed roofing application will be in accordance with RoofTite's current published Application Instructions and Specifications as stated.

**Authorized Applicator**

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Signature

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Printed Name

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Date