

Request for Roofing Warranty



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: Material (n/c) Extended Material SPF System Coating Restoration System

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

Signature

Printed Name

Date