

REQUEST FOR ROOFING WARRANTY

Warranty Number _____ Date _____

Authorized Applicator _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____ Email _____

PROJECT INFORMATION

Owner _____ Project _____

Address _____ Address _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Contact _____ Phone _____ Contact _____ Phone _____

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: Product (n/c) System Coating Restoration Recoat

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:

Carlisle Roof Foam and Coatings

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 Carlisle Roof Foam and Coatings current published Application Instructions and Specifications as stated.

Authorized Applicator

Signature _____

Printed Name _____

Date _____

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www.CarlisleRFC.com

