



10 YEAR WARRANTY APPLICATION

Photocopy this form and send a completed copy for each job to be covered.

Today's Date:

Certified Applicator/Company Name:

Contact Name:

Title:

Email:

Home Owner Name:

Address:

Number of squares:

Email:

Phone:

Describe area not included (if any): _____

Warranty requested (Choose the ONE which applies)

- Full Roof 10 year warranty
- Partial Roof 10 year warranty (if partial send scope with what slopes/planes are excluded)
- 5 year warranty option due to granular loss being between 50-75%

This application does not constitute automatic coverage. Must be certified and provide the proper information for warranty coverage.

Registration fees are \$59.95 and should the warranty be transferred the administration fee is \$19.95

Contractor/ Certified Applicator Signature:

These warranties are available to Certified Installers only.

5-Year X 10-Year

The following must be included at the time you submit this application:

- Photos before application: Front of building, overall roof views, ventilation both intake and outtake, penetrations and flashings.
- Proof that the proper amount of product was used (receipt of purchase or before and after of tank)
- If using a backpack sprayer, must provide the measurements divided into 4 sq or less sections for application

For Office Use Only

Registration number:

Dates received:

Reviewed by:

Approved by:

Warranty Issued Date:

Sent to Contactor Date: