



# WARRANTY APPLICATION FORM

#2 Industrial Park Drive · PO Box 497 · Morrilton, AR 72110  
Customer Service: (800) 535-8597 · Fax: (501) 354-3019 · www.bitec.com

(Please complete all information as appropriate and submit this form to warrantyservices@bitec.com prior to project start.)

For office use only within this box.

BITEC Project #:

Approved by:

Total Fee:

\$

### PROJECT INFORMATION

Project Name: \_\_\_\_\_ Total Area: \_\_\_\_\_ squares (1 square = 100 square feet)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Estimated start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

### INSTALLER/CONTRACTOR INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor Contact Name: \_\_\_\_\_

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

### OWNER INFORMATION

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Contact Name: \_\_\_\_\_

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

### ARCHITECT INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Architect Contact Name: \_\_\_\_\_

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

### CONSULTANT INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Consultant Contact Name: \_\_\_\_\_

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

### GENERAL CONTRACTOR INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

GC Contact Name: \_\_\_\_\_

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Additional fees may be required based on coverage and duration. All fees must be paid in full to BITEC prior to issuance of the warranty. See BITEC'S schedule of fees for more information.

### COVERAGE

Materials only  Materials and Workmanship  "No dollar limit" (NDL)  Limited (to total cost)

### LIMITATIONS

**FULL SYSTEM:** (system coverage requires insulation, cover panels, fasteners, and/or insulation adhesive to be supplied by BITEC.)

Yes  No

**DURATION:** \_\_\_\_\_ years (Please type in the duration manually if the option is not in the drop down list.)

**SPECIAL REQUIREMENTS** (if applicable): \_\_\_\_\_

As a BITEC Authorized Contractor, I certify that the information is correct and that the roofing and/or coating system(s), as described on the subsequent pages, will be installed in strict accordance with current BITEC standard specifications and generally accepted industry practices. Any deviations must be authorized by BITEC in advance. I hereby request to furnish us the referenced warranty for delivery to the building owner.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Area Name: \_\_\_\_\_ Area size: \_\_\_\_\_ squares

Project Type: \_\_\_\_\_ Building Use: \_\_\_\_\_

Interior Temperature: \_\_\_\_\_ °F Interior Humidity: \_\_\_\_\_

### EXISTING ASSEMBLY INFORMATION

Has/will a moisture scan been/be performed prior to job start?  Yes  No

What will be removed? (if re-cover or partial tear-off): \_\_\_\_\_

Do any of the following conditions exist? If yes, please describe.

- Ponding water. Average depth: \_\_\_\_\_ inches  
How long does ponding remain? \_\_\_\_\_ days \_\_\_\_\_ hours
- Wet insulation. Will wet insulation be removed (required)?  Yes  No
- Evidence of structural movement not currently with an expansion joint?  Yes  No

Existing roof type: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Age: \_\_\_\_\_ years

Existing insulation: \_\_\_\_\_ Total thickness: \_\_\_\_\_ inch(es)

### NEW SYSTEM

Structural Deck: \_\_\_\_\_ Thickness: \_\_\_\_\_ Slope in deck: \_\_\_\_\_ per 12"

Mechanically attached base sheet: \_\_\_\_\_ Fastener Type: \_\_\_\_\_

Thermal Barrier: \_\_\_\_\_ Thickness: \_\_\_\_\_ Application Method: \_\_\_\_\_

Vapor Retarder: \_\_\_\_\_ Application Method: \_\_\_\_\_

Insulation – layer 1: \_\_\_\_\_ Thickness: \_\_\_\_\_ Application Method: \_\_\_\_\_

Insulation – layer 2: \_\_\_\_\_ Thickness: \_\_\_\_\_ Application Method: \_\_\_\_\_

Insulation – layer 3: \_\_\_\_\_ Thickness: \_\_\_\_\_ Application Method: \_\_\_\_\_

Cover Panel: \_\_\_\_\_ Thickness: \_\_\_\_\_ Application Method: \_\_\_\_\_

Roofing Base Ply/Plies: \_\_\_\_\_ Application Method: \_\_\_\_\_

Roofing Inter. Ply: \_\_\_\_\_ Application Method: \_\_\_\_\_

Cap Ply/Surfacing: \_\_\_\_\_ Application Method: \_\_\_\_\_

Flashing Membrane: \_\_\_\_\_ Application Method: \_\_\_\_\_

### COATING INFORMATION

Indicate existing coating(s) that will remain: \_\_\_\_\_ Adhesion test(s) passed?  Yes  No

New BITEC coating: \_\_\_\_\_ Color: \_\_\_\_\_ Prep.: \_\_\_\_\_

Coating application rate: \_\_\_\_\_ gal/sq Min. wet thickness: \_\_\_\_\_ mils Min. dry thickness: \_\_\_\_\_ mils

Area Name: \_\_\_\_\_ Area size: \_\_\_\_\_ squares

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Existing roof type: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Age: \_\_\_\_\_ years

Existing insulation: \_\_\_\_\_ Total thickness: \_\_\_\_\_ inch(es)

### NEW SYSTEM

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