

## WARRANTY APPLICATION FORM

For office use only

within this box.

#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.)

| (Please complete all information as appropriate a  | The destrict the form to warranty convic   | ses (es project etait.)  | BITEC Project #: |
|--|--|--|------------------|
| PROJECT INFORMATION  |  |  |                  |
| Project Name:  |  |  |                  |
| Address:City:  | State:   | Zip:   | Approved by:     |
|  |  |  |                  |
| Estimated start date:  | Estimated completion date  | e:   |                  |
| INSTALLER/CONTRACTOR INFORMATION   | <u>l</u>   |  | Total Fee:       |
| Company Name:  |  |  | \$               |
| Address:City:  | Ctata  | 7:   |                  |
| Contractor Contact Name:   | State:   | Zip:   |                  |
| Contractor Contact Name:<br>Contact #:   | Email:   |  |                  |
| OWNER INFORMATION  |  |  |                  |
|  |  |  |                  |
| Owner Name: Address:   |  |  |                  |
| City:  | State:   | Zip:   |                  |
| Owner Contact Name:Contact #:  | Email:   |  |                  |
|  | LIIIdli.   |  |                  |
| ARCHITECT INFORMATION  |  |  |                  |
| Company Name:  |  |  |                  |
| Address:City:  | State.   | 7in·   |                  |
| Architect Contact Name:  | Glate  | Zip  |                  |
| Architect Contact Name:  Contact #:  | Email:   |  |                  |
| CONSULTANT INFORMATION   |  |  |                  |
| Company Name:  |  |  |                  |
| Address:   |  |  |                  |
| City: Consultant Contact Name:   | State:   | Zip:   |                  |
| Contact #:   |  |  |                  |
|  |  |  |                  |
| GENERAL CONTRACTOR INFORMATION   |  |  |                  |
| Company Name:Address:  |  |  |                  |
| City.  | State:   | Zip:   |                  |
| GC Contact Name:Contact #:   | Empli  |  |                  |
|  |  |  | 1                |
|  | verage and duration. All fees must be paid in ful<br>e BITEC'S schedule of fees for more information |  |                  |
| COVERAGE   | <u>LIMITATIONS</u>   |  |                  |
| $\Box$<br>Materials only $\ \Box$<br>Materials and Workmans  | ship 🔲 "No dollar limit" (   | NDL) 🗆 Limited (to total cost)                                       |                  |
| FULL SYSTEM: (system coverage requires insulation, coverage  | er panels, fasteners, and/or insulation adhesive   | to be supplied by BITEC.)  |                  |
| <b>DURATION:</b> years (Please type in the duration  | n manually if the option is not in the drop down lis   | st.)   |                  |
| SPECIAL REQUIREMENTS (if applicable):  |  |  |                  |
| <u> </u>   |  |  |                  |
|  |  |  |                  |
|  |  |  | I                |
| As a BITEC Authorized Contractor, I cer or coating system(s), as described on the with current BITEC standard specifications must be authorized by BITEC in advanced delivery to the building owner. | ne subsequent pages, will b<br>s and generally accepted inc  | e installed in strict accordance<br>dustry practices. Any deviations | e<br>3           |
| •  | Title  |  |                  |
| Printed Name:  |  |  |                  |
| Signature:   |  | Date:  |                  |



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

| Area Name:   |   | Area size:   | squares                    |
|--|---|--|----------------------------|
| Project Type: Bunterior Temperature:°F In  | uilding Use:  |  |                            |
| nterior Temperature:°F In  | terior Humidity:  |  |                            |
| <b>EXISTING ASSEMBLY INFORMATION</b>   |   |  | _                          |
| Has/will a moisture scan been/be performed   | prior to job start?   | ☐ Yes ☐ No   |                            |
| What will be removed? (if re-cover or partial t  | ear-off):   |  |                            |
| Do any of the following conditions exist? If ye  | es, please descri   | be   |                            |
| ☐ Ponding water. Average depth:  |   | 20.  |                            |
| How long does ponding  |   | days hours   |                            |
| ☐ Wet insulation. Will wet insulation be r   |   |  |                            |
|  | · ·   | ,  |                            |
| ☐ Evidence of structural movement not c  | urrently with an e  | expansion joint? Li Yes Li No  |                            |
| Existing roof type:  | N   | /anufacturer   | Age: vear                  |
| Existing roof type:Existing insulation:  | ·   | Total thickness: inch(es   | ) .go you.                 |
| NEW SYSTEM   |   | . o.ao.a   | ,                          |
|  | Thickness:  | Slope in deck:   | ner 12"                    |
|  | 11110K11033.  | Eastener Type:   | pci 12                     |
| Mechanically attached base sheet:<br>Thermal Barrier:  | Thicknoss:  | rasterier rype   |                            |
| Vanar Potardar:  | _ 11110111655   | Application Method:  |                            |
| Vapor Retarder: Insulation – layer 1: Insulation – layer 2: Insulation – layer 3:  | Thickness   | Application Method:  |                            |
| Insulation layer 1.  | _ Thickness   | Application Method:  |                            |
| Insulation – layer 2.  | _ Thickness   | Application Method   |                            |
| Insulation – layer 3:  | _ Inickness:  | Application Method:  |                            |
| Cover Panel:   | _ i nickness:   | 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) passe   | d? □ Yes □ N               |
| New BITEC coating:   | Color:  | Prep.:   |                            |
| Indicate existing coating(s) that will remain:   | n. wet thickness:   | mils Min. dry thickness  | s:mil                      |
|  |   |  |                            |
|  |   |  |                            |
|  | <del></del>   | Area size:   | squares                    |
|  | uilding Use:  | Area size:   | squares                    |
| Project Type: B Interior Temperature: °F In  | uilding Use:<br>iterior Humidity:   | Area size:   | squares                    |
| Project Type: B Interior Temperature: °F In EXISTING ASSEMBLY INFORMATION  | uilding Use:<br>terior Humidity:  |  | squares                    |
| Project Type: B Interior Temperature: °F In EXISTING ASSEMBLY INFORMATION Has/will a moisture scan been/be performed   | uilding Use:<br>nterior Humidity:<br>prior to job start?  | ? □ Yes □ No   | squares                    |
| Project Type:  Interior Temperature:  EXISTING ASSEMBLY INFORMATION  Has/will a moisture scan been/be performed What will be removed? (if re-cover or partial)   | uilding Use:<br>iterior Humidity:<br>prior to job start?<br>tear-off):  | ? □ Yes □ No   | squares                    |
| Project Type:  Interior Temperature:  EXISTING ASSEMBLY INFORMATION  Has/will a moisture scan been/be performed What will be removed? (if re-cover or partial of the performed)  Do any of the following conditions exist? If y  | uilding Use:<br>nterior Humidity:<br>prior to job start?<br>tear-off):<br>es, please descr  | ? □ Yes □ No   | squares                    |
| Project Type:  Interior Temperature:  EXISTING ASSEMBLY INFORMATION  Has/will a moisture scan been/be performed What will be removed? (if re-cover or partial)   | uilding Use:<br>nterior Humidity:<br>prior to job start?<br>tear-off):<br>es, please descr  | ? □ Yes □ No   | squares                    |
| Project Type: B Interior Temperature:°F In  EXISTING ASSEMBLY INFORMATION  Has/will a moisture scan been/be performed  What will be removed? (if re-cover or partial or poor any of the following conditions exist? If y  Ponding water. Average depth:  | uilding Use:<br>nterior Humidity:<br>prior to job start?<br>tear-off):<br>es, please descr<br>inches  | P □ Yes □ No libe.   | squares                    |
| Project Type:  | uilding Use:<br>nterior Humidity:<br>prior to job start?<br>tear-off):<br>es, please descr<br>inches<br>ng remain?  | P  | squares                    |
| Project Type:  | uilding Use: nterior Humidity:  prior to job start? tear-off): es, please descr inches ng remain? removed (require  | P  | squares                    |
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| Project Type: B Interior Temperature: °F In  EXISTING ASSEMBLY INFORMATION  Has/will a moisture scan been/be performed  What will be removed? (if re-cover or partial:  Do any of the following conditions exist? If y  Ponding water. Average depth:  How long does pondir  Wet insulation. Will wet insulation be received by the condition of the conditio | uilding Use: nterior Humidity:  prior to job start? tear-off): es, please descr inches ng remain? removed (require currently with an office the c  | P  | _Age: yea<br>s)<br>per 12" |
| Project Type:  | uilding Use: nterior Humidity:  prior to job start? tear-off): es, please descr inches ng remain? removed (require currently with an office the companion of th   | P Yes No  Adays hours  Adays hours  Application Method:  | _Age: yea<br>s)<br>per 12" |
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| Project Type:  | uilding Use: nterior Humidity:  prior to job start? tear-off): es, please descr inches ng remain? removed (require currently with an office the cu | P Yes □ No    No   No     No   No     No   Yes □ No     No   Yes □ No     Pexpansion joint? □ Yes □ No     Manufacturer: □   Inch(es     Slope in deck: □   Fastener Type: □     Application Method: □   Application Method: □     Adhesion test(s) passer           | _Age: yeas)<br>per 12"     |
| Project Type:  | uilding Use: nterior Humidity:  prior to job start? tear-off): es, please descr inches ng remain? removed (require currently with an office the cu | P Yes □ No    No   No     No   No     No   Yes □ No     No   Yes □ No     Pexpansion joint? □ Yes □ No     Manufacturer: □   Inch(es     Slope in deck: □   Fastener Type: □     Application Method: □   Application Method: □     Adhesion test(s) passer           | _Age: yeas<br>per 12"<br>  |