

ROOFING POST-JOB WARRANTY REQUEST

File # _____

Name of Roofing Project _____

Address _____

City _____ State _____ Zip _____

Building Owner _____ Phone _____

Address _____

City _____ State _____ Zip _____

Applicator _____ Phone _____

Address _____

City _____ State _____ Zip _____

Type of Project New Construction Remedial (tear off) Remedial (no tear off)

Project Start Date _____ **Project completion date** _____

 Type of Warranty 5 Year 10 Year 15 Year Other

 No Leak Material No leak Material & Labor Material Quality

 Type of Coating System Silicone Acrylic Hybrid

 Existing Roof Substrate Metal-Crimped Metal-Lapped Mod Bit (BUR)
 Single -Ply Concrete New Construction / Recovery Board

Unforeseen work done, not on Pre-job request (complete details) _____

Primer _____ Coverage Rate _____

 Seams, Flashings and Fasteners _____ Coverage Rate _____ Full Fabric Yes No

Penetrations _____ Coverage Rate _____

Base Coat _____ Coverage Rate _____ Gallons/Square _____

Top Coat _____ Coverage Rate _____ Gallons/Square _____

Other Details _____

Attach the following: Complete photos of the roof including details and mil gauge readings. Include a diagram of the roof plotting out where thickness samples were taken and the mil thickness of each sample.

Project Profile Roof slope (inches per foot) _____ Total Square Feet _____

Maximum height (feet) _____ Deck Type _____

Does the Building Owner and/or Architect need to be present for final inspection? _____

Access to Roof Is ladder necessary? _____ Is security clearance necessary? _____

Notice of Completion

Applicators Signature _____ Title _____ Date _____

Consultant Signature _____ Title _____ Date _____

Volatile Free's Approval _____ Title _____ Date _____