



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. I also understand identification and removal of any existing insulation or roofing that contains moisture is required for coating, overlay, and re-cover projects; and shall be our responsibility as the installing contractor. 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

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. (All wet insulation must be removed.)
- 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 (Please submit adhesion test results, as required.)

Indicate existing coating(s) that will remain: _____
 New BITEC coating: _____ Color: _____ Prep.: _____
 Coating application rate: _____ gal/sq Min. wet thickness: _____ mils Min. dry thickness: _____ mils

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