

		Coating System Request for Warranty				Notice of Award		
				Notice of Completion				
PROJECT CONTACT INFORMATION								
PROJECT NAME		BUILDING USE		START DATE		COMPLETION DATE		
PROJECT ADDRESS			CITY	STATE	ZIP	PROJECT PHONE#		
PROJECT OWNER COMPANY NAME		ADDRESS			CITY	STATE	ZIP	
PROJECT OWNER CONTACT NAME			OWNER CONTACT EMAIL			OWNER CONTACT PHONE#		
APPLICATOR COMPANY NAME		CITY		STATE	ZIP	APPLICATOR COMPANY PHONE#		
PROJECT MANAGER NAME		COMPANY OFFICE SIGNATURE		COMPANY EMAIL		FOREMAN PHONE #		
EXISTING ROOF INFORMATION								
ASPHALTIC TYPE (Check all that apply)		METAL PANEL (Check all that apply)		POLYURETHANE FOAM (Check all that apply)		SINGLE-PLY (Check all that apply)		
<input type="checkbox"/> SMOOTH BUR		<input type="checkbox"/> KYNAR, COPPER, OR PREFINISHED		<input type="checkbox"/> NEW SPRAYED FOAM		<input type="checkbox"/> EPDM		
<input type="checkbox"/> SMOOTH MOD BIT		<input type="checkbox"/> CORRUGATED PANEL		<input type="checkbox"/> COATED SPRAYED FOAM		<input type="checkbox"/> KEE		
<input type="checkbox"/> GRANULE MOD BIT		<input type="checkbox"/> RIBBED PANEL		<input type="checkbox"/> OTHER		<input type="checkbox"/> PVC		
<input type="checkbox"/> GRANULE CAP/BUR		<input type="checkbox"/> STANDING SEAM				<input type="checkbox"/> TPO		
<input type="checkbox"/> OTHER		<input type="checkbox"/> GAUGE: _____ ALUMINUM				<input type="checkbox"/> OTHER		
EXISTING ASPHALTIC CONDITION (Check all that apply)		EXISTING METAL PANEL CONDITION (Check all that apply)		SPF/PUF EXISTING CONDITION (Check all that apply)		SINGLE-PLY EXISTING CONDITION (Check all that apply)		
<input type="checkbox"/> ALIGATORING CONDITIONS		<input type="checkbox"/> RUST AREAS _____ %		<input type="checkbox"/> BLISTERS		<input type="checkbox"/> BLISTERS		
<input type="checkbox"/> BLISTERS		<input type="checkbox"/> PANELS NEED REPLACEMENT		<input type="checkbox"/> EXISTING COATING		<input type="checkbox"/> EXISTING COATING		
<input type="checkbox"/> EXISTING COATING		<input type="checkbox"/> PANEL GAPS > 1/16"		<input type="checkbox"/> PONDING		<input type="checkbox"/> PONDING		
<input type="checkbox"/> PONDING		<input type="checkbox"/> FASTENERS REPLACED		<input type="checkbox"/> OPEN VOIDS/SEAMS		<input type="checkbox"/> OPEN VOIDS/SEAMS		
<input type="checkbox"/> OPEN VOIDS/SEAMS		<input type="checkbox"/> EXISTING COATING		<input type="checkbox"/> EXISTING LEAKS		<input type="checkbox"/> EXISTING LEAKS		
<input type="checkbox"/> EXISTING LEAKS		<input type="checkbox"/> PONDING		<input type="checkbox"/> MOISTURE SURVEY		<input type="checkbox"/> MOISTURE SURVEY		
<input type="checkbox"/> MOISTURE SURVEY		<input type="checkbox"/> RIDGE CAP / RIDGE VENT		<input type="checkbox"/> WET AREAS REMOVED		<input type="checkbox"/> WET AREAS REMOVED		
<input type="checkbox"/> WET AREAS REMOVED		<input type="checkbox"/> EXISTING LEAKS		<input type="checkbox"/> REPAIRS MADE		<input type="checkbox"/> REPAIRS MADE		
<input type="checkbox"/> REPAIRS MADE		<input type="checkbox"/> REPAIRS MADE		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		
EXPLAIN IN DETAIL THE EXISTING CONDITION INCLUDING LEAK LOCATIONS, PONDING CONDITIONS, CORES, MOISTURE SURVEY, REPAIRS, AND/OR CONCERNS:								
IB ROOF COATING INFORMATION								
WARRANTY LENGTH: 5 Year 10 Year 12 Year 15 Year 20 Year				ROOF SIZE (SQ. FT.)		LF OF SEAMS:		SF OF WALLS:
				WALL HEIGHT:				
<input type="checkbox"/> IB ACRYLIC PRO SYSTEM		<input type="checkbox"/> IB SILICONE SYSTEM		<input type="checkbox"/> IB URETHANE SYSTEM		<input type="checkbox"/> FULL FABRIC SYSTEM		
ACRYLIC SPEC #:		SILICONE SPEC #:		URETHANE SPEC #:				
ADHESION TEST RESULTS WITHOUT PRIMER				ADHESION TEST RESULTS W/ PRIMER				
CLEANING METHOD USED/PRODUCTS USED				PRIMER (IF USED) / RATE		SEAM TREATMENT / PRODUCTS USED		
BASE COAT:		RATE:		INTERMEDIATE COAT:		RATE:		REFLECTIVE COAT:
								RATE:
LOT # / COLOR			LOT # / COLOR			LOT # COLOR		
# OF REINFORCING PLIES:		DESCRIBE HOW FABRIC WAS INSTALLED / PRODUCTS USED:						
# OF CURBS		# OF DRAINS		LF OF EXPANSION JOINT:		# OF PENETRATIONS		# OF SKYLIGHTS
DESCRIBE PERIMETER FLASHING TREATMENT				ANY ADDITIONAL DETAILS PRESENT OR OTHER UNUSAL CONDITIONS OR TREATMENTS:				
METAL ROOF INFORMATION								
ASPHALT TREATMENT		ACID ETCH (KYNAR / COPPER PANELS)		FASTENER TREATMENT		RUST TREATMENT		
CURB TREATMENT		EAVE / RAKE TREATMENT		INTERIOR GUTTER TREATMENT		SCUPPER TREATMENT		
DAMAGED PANEL TREATMENT		TREATMENT OF PONDING CONDITIONS		TREATMENT OF RIDGE CAP		WALL TREATMENT		
NOTICE TO APPLICATOR: You must submit Coating System Request for Warranty for all Coating System Warranties. and (1) Roof Plan / Schematic, (2) listing of all conditions (eave, rake, wall, cricket, curb, drain, expansion joint, internal gutter, HVAC/mechanical, penetration, ridge cap, scupper, and overburden conditions. The applicator must receive written approval from IB Roof System before beginning the coating project. It is the Applicator's responsibility to ensure that conditions, surface preparation, design and application are in accordance with IB Roof System's current published Coating application instructions and recognized industry standards. Project must be completed within 90 days. Any deviation from standard details must be approved by IB's Technical Department prior to start of job. IB Roof Systems' final inspection does not constitute approval of the completed job.								
FOR IB USE ONLY - TECHNICAL COMMENTS FOR ACCEPTANCE OF RFW				APPLICATOR CERTIFICATION				
Approved as Noted <input type="checkbox"/> Date Received _____ Disapproved as Noted <input type="checkbox"/> Date Accepted: _____ Need Additional Information <input type="checkbox"/> Reviewed By: _____				By signing and submitting of this Coating Request for Warranty, we notify IB Roof Systems that: 1) We have been awarded a contract to install an IB Coating System on the above project 2) We have read all of the information on this form and agree to its accuracy, and 3) We will install the IB Coating System products according to the terms of our IB Applicator Agreement. 4) Signature: _____ Date: _____				
<b style="text-align: center;">WARRANTY FEE Total Project SQ. FT _____ x Warranty Fee / SQ FT _____ = Total Warranty Fee Due _____								
SUBMIT THIS COMPLETED FORM TO Technical@ibroof.com or FAX to 541-610-610-1726				You will be invoiced for the warranty fee upon acceptance of the Coating Request for Warranty. Payment is due upon final inspection or completion of the project, whichever occurs first.				

ROOF PLAN

Project Name: _____

Roofing Contractor: _____

Show the appropriate building dimensions, penetrations, units, drains, slope, and flashing conditions

This image shows a full page of dot grid paper. The dots are arranged in a precise, repeating square pattern across the entire surface. There are no margins, text, or other markings present. The dots are small, dark gray, and evenly spaced both horizontally and vertically.

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|---------------------|---------------------|---------------|---------------|-----------------|
| 1. Parapet Wall | 2. Gravel/Drip Edge | 3. Vent Pipe | 4. Drain | 5. Scupper |
| 6. Pitch Pan | 7. AC Unit | 8. Roof Hatch | 9. Skylight | 10. Chimney |
| 11. Expansion Joint | 12. Walkway | 13. Tie-in | 14. Penthouse | 15. Access Door |