



REQUEST FOR ROOFING WARRANTY

WARRANTY NUMBER _____

Authorized Applicator _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____ Email _____

PROJECT INFORMATION

Owner _____ Project _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Contact _____ Phone _____ Contact _____ Phone _____

Total Roof Area: _____ sf Building Use: _____ Roof Slope: _____ in 12

Deck Type: _____ Existing Roof: _____

Building Height: _____ Number of Buildings: _____ Moisture Assessment: _____

REQUESTED WARRANTY

Term: _____ years

Warranty Type: ☐ Product ☐ Material ☐ System ☐ Recoat

SCOPE OF WORK

Surface prep: Tear off: _____ sf ☐ Pressure Wash ☐ Scarify ☐ Vacuum ☐ WetVac

Underlayment Board (type, thickness and type of fastening): _____

Insulation Board (type, thickness and type of fastening): _____

New Edge Metal Flashing Y/N: _____ Type: _____ Parapets Y/N: _____ Height: _____ ft

Rugged Primer: _____ Application Rate: _____ Quantity: _____ gals

Rugged Polyurethane System: _____ Thickness: _____ in. Quantity: _____ lbs.

Rugged Coating System: _____ Thickness: _____ dry mils. Quantity: _____ gals

Coating Color: _____ No. of Coats: _____ Roof Granules: _____ Application Rate: _____

Method(s) to achieve positive drainage: _____

SEND THIS FORM BEFORE JOB START UP TO:

☐ Attach project specifications.

☐ Attach prejob pictures.

☐ Attach detailed roof sketch.

RUGGED COATINGS - WARRANTY DEPT

5 W Airpark Vista Blvd,

Dayton, NV 89403

775.301.1689

warranty@ruggedcoatings.com

I hereby certify that the above information is correct and that the proposed roofing application will be in accordance with Rugged Coatings current published Application Instructions and specifications as stated.

CONTRACTOR

signature

printed name