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# Coating System ‑ PRE-Notification Form

**(Project photos are required with each application)**

**A Pre-Notification Form must be completed prior to job start to receive consideration for a warranty. Upon completion of the project a job completion form must be completed and submitted.**

### Name of Building: Click here to enter text.

### Current Use of Building: Click here to enter text. Telephone: Click here to enter text.

### Address of Building: Click here to enter text.

### Owner: Click here to enter text.Telephone: Click here to enter text.

### Owner's Address: Click here to enter text.

### Applicator: Click here to enter text. Telephone: Click here to enter text.

### Applicator's Address: Click here to enter text.

### Type of Warranty: Click here to enter text.

### This job pertains to a: Restoration [ ]  New Construction [ ]  Number of Existing Roof: Click here to enter text.

 1. [ ]  Metal Roof 2. [ ]  Foam & Coatings 3. [ ]  Single-ply Roof

 4. [ ]  Asphalt Roof 5. [ ]  Coatings over Foam 6. [ ]  Coatings over Concrete

### Type of Coating: [ ] Urethane [ ]  Acrylic [ ]  Silicone

### Building Structure: [ ]  Steel [ ]  Concrete [ ]  Wood Other: Click here to enter text.

### Size of Project: Click here to enter text. Square Feet Building Age: Click here to enter text.

**Building Height:** Click here to enter text. **Fire Rating:** [ ]  **No** [ ]  **Yes, type:** Click here to enter text.

### Roof Shape: (Flat, Dome, Arch, Gable, Gambrel, Other): Click here to enter text. Slope: Click here to enter text.

**Roof Surface:** [ ]  **Built-up (Gravel, Smooth)** [ ]  **Modified Bit. (Granulated, Smooth)**

[ ]  **Metal** [ ]  **Single-ply (EPDM, CSPE, PVC)**

**Annual temperature range for building site area? Min** Click here to enter text.**0 F Max** Click here to enter text.**0 F**

**Exterior Foundation:** [ ] **Good** [ ] **Cracked** [ ] **Settling** [ ] **Other:** Click here to enter text.

**Evidence of Movement of:** [ ] **Bearing Wall** [ ] **Columns** [ ] **Floors** [ ] **Other** [ ] **No cracking or movement**

**Extent of cracking?** Click here to enter text.

**Interior Humidity?**Click here to enter text.**Temp? Min** Click here to enter text. **0 F Maximum** Click here to enter text.**0 F**

[ ] **No leaks** [ ] **Leaks every rain** [ ] **Leaks with long continuous rain** [ ] **Leaks only with strong winds & rain**

**Condensation:** [ ] **Yes** [ ] **No Moisture condition of entire roof systems?** [ ] **Dry** [ ] **Wet**

**Moisture detection method?** [ ] **Core samples** [ ] **Infra-red thermography** [ ] **Other:** Click here to enter text.

**Attach copy of moisture survey. Failure to detect and remove wet insulation will void this warranty.**

**Vapor barrier present?** [ ] **No** [ ] **Yes, condition:** Click here to enter text.

**Insulation:** [ ] **Fiberglass** [ ] **Perlite** [ ] **Fiberboard** [ ] **Polystyrene board** [ ] **Polyurethane-isocyanurate board**

## Method of attachment: Click here to enter text.

### R-value of existing system: Click here to enter text.

**Interior Drains?** [ ] **No** [ ] **Yes,number:** Click here to enter text.**Ext Drains/scuppers?** [ ] **No** [ ] **Yes,number:** Click here to enter text.

**Condition of Drains:** [ ] **Good** [ ] **Clogged** [ ] **Damaged/deteriorated** [ ] **Relocation to low area required**

**Does water pond?** [ ] **No** [ ] **Yes, number of ponds** Click here to enter text. **Size** Click here to enter text.**sf**

**Depth** Click here to enter text.**inches**

**Parapet walls?** [ ] **None** [ ] **Good condition, height:** Click here to enter text.[ ] **Repair Required, Explain:** Click here to enter text.

**Skylights?** [ ] **None** [ ] **Yes, Number** Click here to enter text.[ ] **Good condition** [ ] **Repair Required**

**Parapet Cap Flashing?** [ ] **None** [ ] **Good condition** [ ] **Repair required, explain:** Click here to enter text.

**Roof protrusions?** [ ] **None** [ ] **Good condition Number:** Click here to enter text. **Type:** Click here to enter text.

 **Repair required, explain?** Click here to enter text.

**Roof equipment curbs?** [ ] **None** [ ] **Good condition** [ ] **Repair required, explain?** Click here to enter text.

**Expansion joints?** [ ] **Yes** [ ] **No Number:** Click here to enter text.

**Expansion covers?** [ ] **None** [ ] **Good condition** [ ] **Repair required, explain?** Click here to enter text.

#### Estimated date installation to begin: Click here to enter text.Estimated job completion date: Click here to enter text.

**Will all material on the roofing job be supplied by ITW PSNA?** [ ] **Yes** [ ] **No**

**If no, specify:** Click here to enter text.

#### Type of Warranty Requested:Click here to enter text. Years: Click here to enter text.

#### Comments: Click here to enter text.

 **Please attach any relevant supporting documents and return completed Pre-Notification Form to:**

***ITW PSNA*  Attention: Warranty Department  6900 Bleck Dr.  Rockford, MN 55373**

**To be warrantable, all roof installations must be made in complete compliance with ITW PSNA Sample Design Guidelines. I certify that this project will be installed according to ITW PSNA Sample Design Guidelines.**

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**Applicator Signature**