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**111 South Nursery Road**

**Irving, TX 75060**

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**ersystems.com**

# 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**