



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 _____

Current Use of Building: _____ Telephone: _____

Address of Building: _____

Owner: _____ Telephone: _____

Owner's Address: _____

Applicator: _____ Telephone: _____

Applicator's Address: _____

Type of Warranty: _____

This job pertains to a: Restoration _____ New Construction _____ Number of Existing Roofs _____

- 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 _____

Size of Project: _____ Square Feet Building Age: _____

Building Height: _____ Fire Rating: [] No [] Yes, type _____

Roof Shape: (Flat, Dome, Arch, Gable, Gambrel, Other): _____ Slope: _____

Roof Surface: _____ Built-up (Gravel, Smooth) _____ Modified Bit. (Granulated, Smooth)
_____ Metal _____ Single-ply (EPDM, CSPE, PVC)

Annual temperature range for building site area? Minimum _____ °F Maximum _____ °F

Exterior Foundation: [] Good [] Cracked [] Settling [] Other

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

Extent of cracking? _____

Interior Humidity? _____ Temperature? Minimum _____ °F Maximum _____ °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 _____

ATTACH COPY OF MOISTURE SURVEY. FAILURE TO DETECT AND REMOVE WET INSULATION WILL VOID THIS WARRANTY.

Vapor barrier present? [] No [] Yes, condition _____

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

Method of attachment: _____

R-value of existing system: _____

Interior Drains? [] No [] Yes, number _____ Exterior Drains/scuppers? [] No [] Yes, number _____

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

Does water pond? [] No [] Yes, number of ponds _____ Size _____ sf Depth _____ inches

Parapet walls? None Good condition, height _____ Repair Required, Explain _____

Skylights? None Yes, Number _____ Good condition Repair Required _____

Parapet Cap Flashing? None Good condition Repair required, explain _____

Roof protrusions? None Good condition _____ Number _____ Type Repair required, explain?

Roof equipment curbs? None Good condition Repair required, explain? _____

Expansion joints? Yes No Number _____

Expansion covers? None Good condition Repair required, explain? _____

Estimated date installation to begin: _____ Estimated job completion date: _____

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

If no, specify _____

Type of Warranty Requested: _____ Years: _____

Comments: _____

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.

Applicator Signature Date _____