



# LOW SLOPE ROOFING SYSTEM WARRANTY APPLICATION

\*FAILURE TO SUBMIT APPLICATION PRIOR TO JOB START MAY RESULT IN ADDITIONAL WARRANTY FEES OR NON-ISSUANCE OF WARRANTY

## MALARKEY APPROVED CONTRACTOR INFORMATION

ROOFING CONTRACTOR _____	FAX _____	TELEPHONE _____
CONTACT NAME _____	MOBILE _____	EMAIL _____
ADDRESS _____	CITY, STATE _____	ZIP _____

## PROJECT INFORMATION

<b>BUILDING NAME/NUMBERS</b> _____		<b>DISTRIBUTOR</b> _____	
ADDRESS _____	CITY, STATE, ZIP _____	ADDRESS _____	CITY, STATE, ZIP _____
_____		TELEPHONE _____	EMAIL _____

<b>BUILDING OWNER</b> _____		_____	_____
ADDRESS _____	CITY, STATE, ZIP _____	TELEPHONE _____	EMAIL _____

<b>PROJECT GENERAL CONTRACTOR</b> _____		_____	_____
ADDRESS _____	CITY, STATE, ZIP _____	TELEPHONE _____	EMAIL _____

<b>PROJECT ARCHITECT</b> _____		_____	_____
ADDRESS _____	CITY, STATE, ZIP _____	TELEPHONE _____	EMAIL _____

<b>PROJECT CONSULTANT</b> _____		_____	_____
ADDRESS _____	CITY, STATE, ZIP _____	TELEPHONE _____	EMAIL _____

## ROOFING SYSTEM INFORMATION (Provide specifics in the notes field below)

NEW CONSTRUCTION   
  TEAR-OFF   
  RE-COVER/OVERLAY

START DATE (Contact Malarkey if start date changes or is unknown) \_\_\_\_\_ ENTIRE BUILDING'S ROOF?  YES  NO \_\_\_\_\_ If not, what areas? \_\_\_\_\_ DESCRIBE ROOF ACCESS \_\_\_\_\_

\*IF MORE THAN ONE BUILDING, PLEASE CONTACT MALARKEY.

SYSTEM SPEC	DECK	SLOPE	VAPOR BARRIER	INSULATION/COVER & MFG	INSULATION ATTACHMENT/MFG	MEMBRANE ADHESIVE/MFG	SQUARES	BASE FLASHING SHEETS

- When an Architect or Specifier generated plans, specifications and/or details for the project, please provide a copy to Malarkey.
- Attach Roof Sketch identifying areas to be covered under this warranty.

Additional notes, including material details, etc.:

WARRANTY LENGTH _____	NON-REFUNDABLE WARRANTY FEE _____	<b>SUBMIT VIA EMAIL</b>
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## NOTICE OF COMPLETION

Roofing and Flashing systems were completed in accordance with Malarkey specifications using the above materials.

CONTRACTOR REPRESENTATIVE (PLEASE PRINT) _____	SIGNATURE _____	COMPLETION DATE _____
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## MALARKEY USE ONLY

APPLICATION RECEIVED _____ DAYS	<input type="checkbox"/> BEFORE START DATE	<input type="checkbox"/> AFTER START DATE
APPLICATION NUMBER ASSIGNED _____	DATE _____	REVIEWED BY _____ SIGNATURE _____