



STEEP 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

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

BUILDING OWNER _____		_____	_____
ADDRESS _____	CITY, STATE, ZIP _____	TELEPHONE _____	EMAIL _____

PROJECT GENERAL CONTRACTOR _____		_____	_____
ADDRESS _____	CITY, STATE, ZIP _____	TELEPHONE _____	EMAIL _____

PROJECT ARCHITECT _____		_____	_____
ADDRESS _____	CITY, STATE, ZIP _____	TELEPHONE _____	EMAIL _____

PROJECT CONSULTANT _____		_____	_____
ADDRESS _____	CITY, STATE, ZIP _____	TELEPHONE _____	EMAIL _____

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

*OVERLAY/RECOVERS REQUIRE MALARKEY PRIOR APPROVAL.

NEW CONSTRUCTION TEAR-OFF

START DATE (Contact Malarkey if start date changes or is unknown) _____	ENTIRE BUILDING'S ROOF? <input type="checkbox"/> YES <input type="checkbox"/> NO	If not, what areas? _____	DESCRIBE ROOF ACCESS _____
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*IF MORE THAN ONE BUILDING, PLEASE CONTACT MALARKEY.

SHINGLE & COLOR	DECK	SLOPE	UNDERLAYMENT/ # OF LAYERS	NAIL LENGTH	RIDGE SHINGLE USED	RIDGE NAIL LENGTH	SQUARES	FASTENERS PER SHINGLE

VENTING

<input type="checkbox"/> RIDGE VENT (TYPE/MFR) _____	<input type="checkbox"/> STARTER _____
<input type="checkbox"/> CAN VENT (TYPE/MFR) _____	<input type="checkbox"/> ABOVE DECK, RIGID INSULATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (MUST BE VENTED)
<input type="checkbox"/> POWER (TYPE/MFR) _____	INSULATION (TYPE/MFR) _____

- 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 _____
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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 _____