## **WATERTIGHTNESS WARRANTY APPLICATION FORM**

	2-Year 5-Year 10-Y	'ear ☐ 20-Year ☐ Other
	JECTED ROOFING START DATE: RTING DATE OF DRY-IN)	PROJECTED COMPLETION DATE:(ROOFING 100% COMPLETE)
	BUILDING OWNER	ARCHITECT
BUILDING OWNER:		COMPANY NAME:
CITY/STATE/ZIP:		ADDRESS:
BUILDING NAME:		CITY/STATE/ZIP:
BUILDING ADDRESS:		PHONE:
CITY/STATE/ZIP:		FAX:
ROOFING INSTALLER GENERAL CONTRACTOR		
COMPANY NAME:		COMPANY NAME:
CONTACT:		CONTACT:
PHYSICAL ADDRESS:		ADDRESS:
CITY:		CITY:
STATE/ZIP:		STATE/ZIP:
PHONE: FAX:		PHONE:
EMAIL: FAX:		
JOB DATA		
NUMBER OF ROOFING SQUARES: PANEL TYPE: COLOR: SUBSTRATE: UPLIFT RATING:		
SUBSTRATE: UPLIFT RATING:		
ATTACHMENTS & OTHER REQUIREMENTS FOR THIS APPLICATION		
	REQUIRED FOR ALL WATERTIGHTNESS WARRANTY PROJECTS	MAY BE REQUESTED IF NOT ON FILE AT BERRIDGE OR IF REQUIRES UPDATING
	A SET OF ARCHITECTURAL SPECIFICATIONS AND PLANS SHOWING ROOF PLAN, ALL ELEVATIONS, ROOFING DETAILS ETC. MUST BE SUBMITTED PRIOR TO BID DATE FOR	☐ INSTALLER STANDARD 2-YEAR ROOF WARRANTY
		JOB REFERENCE LIST (10 MINIMUM)
	ACCEPTANCE OF PROJECT.  TWO (2) SETS OF SHOP DRAWINGS, PREPARED IN ACCORDANCE WITH BERRIDGE REVIEW OF ARCHITECTURAL PLANS, BERRIDGE STANDARD DETAILS, AND SHOP DRAWING CHECKLIST	CURRENT FINANCIAL STATEMENT
		CURRENT D&B REPORT
_		You will be sent an order confirmation billing you for the warranty fee. Consult your sales representative for pricing.
	NAME OF FOREMAN FOR THIS PROJECT. RESUME OF EXPERIENCE WILL BE REQUIRED IF NOT ON FILE AT BERRIDGE MFG CO.  (Name of Foreman for this Project)	RETURN APPLICATION TO:           Berridge Mfg Co         Phone: (800) 231-8127           1720 Maury Street         Fax: (713) 236-9422           Houston, TX 77026         BMCWatertightDept@Berridge.com
	(manio on contain for time repost)	



## **BERRIDGE MANUFACTURING COMPANY**

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