

NOTICE OF AWARD FOR CARLISLE'S MEMBRANE SYSTEM

**APPLICATION FOR
ROOFING MEMBRANE
SYSTEM WARRANTY**

THE MEMBRANE SYSTEM MAY ONLY BE INSTALLED ON A COMMERCIAL, NONRESIDENTIAL BUILDING BY A CARLISLE AUTHORIZED APPLICATOR ACCORDING TO CARLISLE SYNTEC INCORPORATED'S STANDARD WRITTEN SPECIFICATIONS AND MUST BE WARRANTED FOR EITHER FIVE (5), TEN (10), FIFTEEN (15), OR TWENTY (20) YEARS.



NOTICE OF AWARD _____ OF _____ ROOF DESIGN(S)		DATE OF AWARD	APPROX. START DATE	THIS IS TO NOTIFY CARLISLE THAT WE HAVE BEEN AWARDED A CONTRACT TO INSTALL THE CARLISLE ROOFING SYSTEM SPECIFIED FOR THIS BUILDING	
BUILDING NAME			JOB NUMBER (CARLISLE USE ONLY)		
BUILDING ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	(COUNTY)
OWNER (COMPANY)		OWNER (CONTACT NAME)		PHONE ()	
OWNER ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	PHONE ()
ARCHITECT / CONSULTANT (NAME)		ARCHITECT / CONSULTANT (STREET)		(CITY)	(STATE) (ZIP CODE) PHONE ()
NAME OF AUTHORIZED APPLICATOR (NAME)		NAME OF AUTHORIZED APPLICATOR (CITY)		(STATE)	(ZIP CODE) PHONE ()
SYSTEM WARRANTY <input type="checkbox"/> 5 YEAR <input type="checkbox"/> 10 YEAR <input type="checkbox"/> 15 YEAR (HM ONLY) <input type="checkbox"/> 20 YEAR (HM ONLY)		TOTAL SYSTEM WARRANTY <input type="checkbox"/> 10 YEAR <input type="checkbox"/> 15 YEAR <input type="checkbox"/> 20 YEAR		MATERIAL WARRANTY <input type="checkbox"/> SURE-SEAL <input type="checkbox"/> SURE-WELD <input type="checkbox"/> BRITE-PLY	
WARRANTY WIND SPEED (MPH) <input type="checkbox"/> 55 <input type="checkbox"/> 72 <input type="checkbox"/> OTHER _____		SPECIAL WARRANTY <input type="checkbox"/> SURE-TOUGH (.075 REINF. ONLY) <input type="checkbox"/> REFLECTIVITY (WHITE SURE-WELD ONLY) <input type="checkbox"/> HAIL (FleeceBACK & FAST ONLY) <input type="checkbox"/> SURE-WELD EXTRA (.072 & .080 SW ONLY) ADDITIONAL TWO YEAR APPLICATOR RESPONSIBILITY (HM SYSTEMS ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO SITE MONITORS <input type="checkbox"/> YES <input type="checkbox"/> NO			
1 PROJECT SIZE (SQ FT.)	2 MAXIMUM HEIGHT (FT.)	3 ROOF SLOPE (IN. PER FT.)	4 NO. OF ROOF LEVELS	5 MEMBRANE FIELD SHEET WIDTH	
6 SYSTEM TYPE <input type="checkbox"/> A (ADHERED) <input type="checkbox"/> B (BALLASTED) <input type="checkbox"/> C (INVERTED) <input type="checkbox"/> MECH. - FASTENED <input type="checkbox"/> METAL RETROFIT <input type="checkbox"/> (HM) HOT MOPPED <input type="checkbox"/> OTHER _____		7 MEMBRANE TYPE EPDM <input type="checkbox"/> .045 EPDM <input type="checkbox"/> .060 FR EPDM <input type="checkbox"/> .045 REINF. EPDM <input type="checkbox"/> .060 REINF. EPDM <input type="checkbox"/> .075 REINF. EPDM <input type="checkbox"/> .060 BRITE-PLY <input type="checkbox"/> .045 HTM <input type="checkbox"/> OTHER MEMBRANE			
8 MEMBRANE ADHESIVE (BONDING ADHESIVE) <input type="checkbox"/> 90-8-30A <input type="checkbox"/> B-500 <input type="checkbox"/> SURE-WELD		(FOR FleeceBACK ONLY) <input type="checkbox"/> FAST 100 ADHESIVE <input type="checkbox"/> FAST 102 ADHESIVE		(FOR HM SYSTEM) <input type="checkbox"/> MODIFIED ASPHALT <input type="checkbox"/> TYPE III OR IV ASPHALT <input type="checkbox"/> OTHER _____	
9 TOP COVERING <input type="checkbox"/> ROUNDED WATER WORN GRAVEL <input type="checkbox"/> CRUSHED STONE <input type="checkbox"/> INTERLOCKING RUBBER PAVERS		<input type="checkbox"/> ACRYLIC COATING <input type="checkbox"/> HYPALON <input type="checkbox"/> HP PROTECTIVE MAT		10 MEMBRANE FASTNER MANUF. 1. _____ 2. _____ BRAND/LENGTH 1. _____ / _____ 2. _____ / _____ MEMBRANE FASTENER SPACING (O.C.) <input type="checkbox"/> 12" <input type="checkbox"/> 6" <input type="checkbox"/> OTHER _____	

11 MEMBRANE FASTENING PLATES / BAR <input type="checkbox"/> POLYMER SEAM PLATE <input type="checkbox"/> HP LOCKING SEAM PLATE <input type="checkbox"/> SEAM FASTENING PLATE <input type="checkbox"/> PIRANHA PLATE <input type="checkbox"/> PIRANHA-EXTRA PLATE <input type="checkbox"/> SURE – TITE BAR <input type="checkbox"/> METAL FASTENING BAR	12 INSULATION (LIST FROM TOP) * MANUF. 1. _____ 2. _____ 3. _____ BRAND / THK. 1. _____ / _____ 2. _____ / _____ 3. _____ / _____	13 INSULATION / UNDERLAYMENT TYPE <input type="checkbox"/> EPS <input type="checkbox"/> ORIENTED STRAND BOARD <input type="checkbox"/> PERLITE <input type="checkbox"/> POLYISOCYANURATE <input type="checkbox"/> GYPSUM <input type="checkbox"/> EXTRUDED POLYSTYRENE <input type="checkbox"/> HP RECOVERY BOARD <input type="checkbox"/> FIRBERBOARD <input type="checkbox"/> HP PROTECTIVE MAT <input type="checkbox"/> SPF <input type="checkbox"/> OTHER
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14 INSULATION FASTENER * MANUF. 1. _____ 2. _____ BRAND / LENGTH 1. _____ / _____ 2. _____ / _____ MIN. INSULATION FASTENER SPACING # OF FASTENERS PER: 4' x 4' BOARD: _____ 4' x 8' BOARD: _____	15 INSULATION / MEMBRANE FASTENER TYPE <input type="checkbox"/> STEELWOOD <input type="checkbox"/> FAST ADHESIVE <input type="checkbox"/> CONCRETE <input type="checkbox"/> LIGHTWEIGHT <input type="checkbox"/> TYPE III / IV ASPHALT <input type="checkbox"/> HP PURLIN <input type="checkbox"/> MODIFIED ASPHALT <input type="checkbox"/> OTHER _____	16 ROOF STATUS <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> REROOF / NO TEAR OFF (OF EXISTING ROOFING SYSTEM) <input type="checkbox"/> REROOF / TEAR OFF (OF EXISTING ROOFING SYSTEM) <input type="checkbox"/> MEMBRANE REMOVAL ONLY	17 EXISTING ROOF MEMBRANE TYPE <input type="checkbox"/> SMOOTH BUR TYPE III OR IV <input type="checkbox"/> GRAVEL SURFACE BUR <input type="checkbox"/> COAL TAR PITCH <input type="checkbox"/> SPRAYED URETHANE <input type="checkbox"/> MINERAL SURFACE <input type="checkbox"/> SMOOTH BUR TYPE I OR II <input type="checkbox"/> SINGLE-PLY TYPE: _____ <input type="checkbox"/> MODIFIED BITUMEN <input type="checkbox"/> OTHER TOTAL THICKNESS OF EXISTING ROOF INCHES _____
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18 DECK TYPE <input type="checkbox"/> WOOD PLANK <input type="checkbox"/> STEEL 22 GAUGE OR HEAVIER <input type="checkbox"/> STRUCTURAL CONCRETE <input type="checkbox"/> CELLULAR LT. WT. CONCRETE <input type="checkbox"/> VERMICULITE LT. WT. CONCRETE <input type="checkbox"/> PERLITE LT. WT. CONCRETE <input type="checkbox"/> CEMENTITIOUS WOOD FIBER <input type="checkbox"/> STEEL LESS THAN 22 GAUGE <input type="checkbox"/> GYPSUM <input type="checkbox"/> CORRUGATED STEEL <input type="checkbox"/> PLYWOOD (THK.) _____ <input type="checkbox"/> OTHER _____ (REFER TO CARLISLE SPECIFICATIONS FOR PULLOUT REQUIREMENTS)	19 IF DECK IS LT. WT. CONCRETE, INDICATE BRAND & DECK TYPE BENEATH: BRAND _____ <input type="checkbox"/> STEEL 22 GAUGE OR HEAVIER <input type="checkbox"/> STEEL LESS THAN 22 GAUGE <input type="checkbox"/> STRUCTURAL CONCRETE <input type="checkbox"/> OTHER _____	20 USE OF ROOF <input type="checkbox"/> WEATHER PROTECTION ONLY <input type="checkbox"/> SUNDECK <input type="checkbox"/> WALKING DECK <input type="checkbox"/> PLAYGROUND <input type="checkbox"/> PATIO <input type="checkbox"/> TERRACE <input type="checkbox"/> OTHER _____
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21 BUILDING USE BELOW ROOF <input type="checkbox"/> APARTMENT <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> GARAGE <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> OTHER NON-RESIDENTIAL <input type="checkbox"/> HOTEL / MOTEL <input type="checkbox"/> OFFICE / BANK / FINANCIAL <input type="checkbox"/> RETAIL STORE / RESTAURANT <input type="checkbox"/> HOSPITAL / HEALTH CARE <input type="checkbox"/> DORMITORY / DETENTION FACIL. <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> BREWERY <input type="checkbox"/> HANGAR <input type="checkbox"/> FREEZER / COLD STORAGE INTERIOR ENVIRONMENT <input type="checkbox"/> HIGH HUMIDITY <input type="checkbox"/> CONTROLLED ENVIRONMENT	22 COMPONENTS OF HM SYSTEM (ONLY) * MANUF. / PRODUCT ASPHALT 1. _____ / _____ BASE SHEETS / FELTS 2. _____ / _____ BASE SHEET FASTENERS 3. _____ / _____
23 SEAM TECHNOLOGY * <input type="checkbox"/> SPLICE TAPE <input type="checkbox"/> EP-95 SPLICE ADHESIVE.	24 CARLISLE METAL WORK USED? <input type="checkbox"/> YES <input type="checkbox"/> NO

25 SPECIAL CONDITIONS (ATTACH FASTENER PULLOUTS, WIND DESIGN REVIEW FORM, OR MOISTURE SCAN IF NECESSARY)

26 ACCESS TO ROOF (CHECK ONE) IS SECURITY CLEARANCE NECESSARY? YES NO IS A PORTABLE LADDER NECESSARY? YES NO

APPLICATOR'S SIGNATURE	NAME (PRINT OR TYPE)	DATE
CARLISLE MANUFACTURER'S REPRESENTATIVE APPROVAL		

****ATTENTION**** SEND NOTICE OF AWARD TO CARLISLE MANUFACTURER'S REPRESENTATIVE
*SPECIFIC INFORMATION IS REQUIRED FOR THESE ITEMS

27 COMPLETION DATE OF PROJECT

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