

### Warranty Pre-Approval Form

Planned Start Date:  Planned Completion Date:

Warranty Type: **RCR**  Watertight Labor & Material **SPF**  Full System  
 (check one)  Watertight Material Only  Material Only  
 Material Only (no charge)

Warranty Term:  (5, 10 15, or 20) Roof Substrate:

Contractor:  (name & add.) Owner:  (name & add.)

Project:  (name & add.) Owner Contact: Name:   
 Phone:   
 Email:

Roof Size:  Sheet Metal Replaced:  (yes/no)

Scope of Work:

<u>Material Type</u>	<u>Product Number</u>	<u>Thickness</u>	<u>Lot #'s</u> <small>(to be inserted at project completion)</small>	<u>Color</u>

Contractor Signature:  Date:

- Items to be included with this form prior to job start-up:
- Roof sketch or aerial image with applicable roof area identified
  - Roof Photos
  - Specifications if available

### Completion Certificate

Start Date:  Completion Date:

*I hereby certify that the above information is correct and the installation has been completed according to Progressive Materials, LLC's specifications and recommendations in addition to the information provided on the above Warranty Pre-Approval Form.*

Contractor Signature:  Date: