

APPLICATION FOR 5- AND 10-YEAR X-TENDA COAT™ WARRANTY

This coating system may only be installed by a Carlisle Authorized Applicator on commercial, non-residential buildings. This system must be installed according to Carlisle's published specification and any unusual conditions or details must be presented for Carlisle's approval.



Date of Award	Approx. Start Date:	This is to notify Carlisle that we have been awarded a contract to install the X-Tenda Coat System specified for this building.			
Building Name:			Job Number (Carlisle use only)		
Building address: (street)		(city)	(state)	(zip)	(county)
Owner (Company): (street)		Owner (contact): (city)		(state)	(phone) () (zip)
Owner Address: (street)		(city)	(state)	(zip)	
Authorized Applicator:					
Warranty Information					
Existing Warranty Serial #:		Date Issued:	Exp. Date:	Original CMD or AB#:	
Color Coating (check one): <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Other		Warranty Requested – 10-yr. Maximum (check one) <input type="checkbox"/> System Warranty (covers labor and material) <input type="checkbox"/> Material Warranty Only		Dry Film Thickness: _____ mil (see spec for coverage rates)	
		<input type="checkbox"/> 5 year		<input type="checkbox"/> 10 year	
Existing System Information					
Project Size: (sq. ft.)		Maximum Height (ft.):		No. of Roof Levels:	
Roof Slope (in. per ft.):		Does ponded water exist 48 hours after rainfall? Are new saddles or crickets being added?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Existing System Type (check one): <input type="checkbox"/> Adhered <input type="checkbox"/> Ballasted <input type="checkbox"/> Mechanically Fastened <input type="checkbox"/> Metal Retrofit				<input type="checkbox"/> New installation <input type="checkbox"/> Restoration	
Existing Membrane Type (check one or more): <input type="checkbox"/> Non-Reinforced EPDM <input type="checkbox"/> Reinforced EPDM <input type="checkbox"/> FleeceBACK EPDM		<input type="checkbox"/> AFX <input type="checkbox"/> Sure-White <input type="checkbox"/> FleeceBACK TPO <input type="checkbox"/> Sure-White FleeceBACK		<input type="checkbox"/> HyChoice (CSPE) <input type="checkbox"/> Metal <input type="checkbox"/> Other (indicate):	
Seam Treatments					
Check all that apply and indicate approximate linear feet:					
<input type="checkbox"/> Pressure-Sensitive Flashing w/Primer Linear Feet:		<input type="checkbox"/> Cured Membrane w/Splicing Cement Linear Feet:		<input type="checkbox"/> Coating-ready Cover Tape Linear Feet:	
Changes in Building Usage (circle one)					
1. Apartments	5. Other Non-Residential	9. Dormitory/Detention	13. Government		
2. Industrial	6. Hotel/Motel	10. Facility Hospital/Healthcare	14. Brewery		
3. Garage	7. Office/Bank/Financial	11. Warehouse	15. Hangar		
4. Educational	8. Retail Store/Restaurant	12. Religious	16. Freezer/Cold Storage		
Did the building usage change since the original warranty was issued? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, please explain:					
Other Treatments/Repairs					
Special Conditions (other flashing/termination repairs) please list:					
Roof Access: (check one) <input type="checkbox"/> Roof Hatch <input type="checkbox"/> Portable Ladder <input type="checkbox"/> Interior					
Is security clearance necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Applicator's Name: (print or type)			Signature:		Date:
Carlisle Manufacturer's Representative Approval:			Carlisle's Use Only		
			CAC Approval #:	Approved By:	Approval Date:
ATTENTION: Send this form to the Carlisle Manufacturer's Representative					