

Warranty Pre-Approval Application

(Must be submitted prior to job start-up. Email jminkin@pentarooftingconsultants.com)

GE Enduris* 3500 Series Silicone Roof Restoration Coating

PROJECT START DATE: _____ PROJECT START DATE: _____

- WARRANTY TYPE:
- | | |
|--|--|
| <input type="checkbox"/> 10 Yr. Material & Labor | <input type="checkbox"/> 10 Yr. Product Only |
| <input type="checkbox"/> 15 Yr. Material & Labor | <input type="checkbox"/> 15 Yr. Product Only |
| <input type="checkbox"/> 20 Yr. Material & Labor | <input type="checkbox"/> 20 Yr. Product Only |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Contractor _____	Contact _____
Address _____	City _____
Zip Code _____	Phone _____
Email _____	

Project Owner _____	Contact _____
Address _____	City _____
Zip Code _____	Phone _____
Email _____	

Project _____	Contact _____
Address _____	City _____
Zip Code _____	Phone _____
Email _____	

PROJECT INFORMATION:

Roof Size: _____ NO. Bldgs. _____

Bldg. Use: _____ Construction: New Remedial

Bldg. Height: _____ Deck Type _____

Insulation Type: _____ Substrate Type: _____

Parapet Walls Included: Yes No Wall Construction: _____

Wall Height: _____ Drainage Type: _____

Roof Slope: _____ Roof Moisture Scan: Yes No

Leaks: Yes No Ponding: Yes No

Gallons to be used: _____



Licensed
Products



GE Enduris 3500 Series Silicone Roof Restoration Coating

EXISTING ROOF DESCRIPTION

Starting from deck, substrate, etc.: _____

SPECIFICATIONS

Details of Surface Prep.: _____

MATERIAL USING	PRODUCT	COLOR	
Primer:			
Coating:			Min. DFT Millage
Basecoat			
Topcoat			
Granules, if any			

ADHESION TEST VERIFICATION

A Momentive Approved Contractor or designated Momentive Representative performed a coating adhesion patch test on an area of clean, dry roof, per Momentive guidelines. Test results and photo documentation were sent to Momentive (or attached herein) and coating adhesion is deemed to be adequate by this Contractor.

Initials

SUITABILITY OF PURPOSE

Contractor is of the opinion that the roof is a suitable candidate for a Momentive Restoration Coating warranty after preparation per Momentive guidelines and requirements for the application of sealant and roof coating.

Initials

CONTRACTOR SIGNATURE,
DATE

AUTHORIZED MOMENTIVE
REPRESENTATIVE, DATE

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

DISTRIBUTOR INFORMATION

Company Name: _____

Contact: _____

Location: _____

Phone: _____

Email: _____

*Include roof drawing
Include test results and photos (see Adhesion Test Verification)

DISCLAIMER:

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