



APPLICATION AUTHORIZED ROOFING APPLICATOR

Date: _____

Firm Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Year Est. _____

Officers

President: _____

Vice President: _____

Treasurer: _____

1. Incorporation Date: _____ State: _____

2. Initial dollar capitalization if business is less than 3 years old: _____

3. Prime Contact: _____

4. Number of Employees: _____

5. Number of Jobs for Past Calendar Year: _____

6. Approximate Square Feet Completed Last Year: _____

7. Number _____ / _____ Type of Coating Rigs: _____

Single Component: _____

Plural Component: _____

Heated Plural Component: _____

8. ProGuard Representative and/or Distributor the Applicator will be working with:

PROGUARD BUILDING

BUSINESS REFERENCES

1. Major Trade References: (list three)

Name	Address	City, State, Zip	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

2. Applicator Completed Jobs (3) within the past year of 10,000 sq. ft. or more (with report and photos).
May be visited by a Dist Rep.

1. Job Title: _____ Date of Job: _____
 Address: _____
 Contact: _____ Phone: _____
 Number of Squares: _____ Type of System: _____

2. Job Title: _____ Date of Job: _____
 Address: _____
 Contact: _____ Phone: _____
 Number of Squares: _____ Type of System: _____

3. Job Title: _____ Date of Job: _____
 Address: _____
 Contact: _____ Phone: _____
 Number of Squares: _____ Type of System: _____

The above information as well as that given on the first page is for the purpose of obtaining Authorized Roofing Applicator status and is warranted to be true. I hereby authorize ProGuard to investigate the references listed pertaining to the completed roofing projects of my firm.

Date: _____ By: _____

Title: _____ Printed Name: _____

Note: This document must be signed in origin by an officer of the company making application.

Please email to : jim@proguardbuilding.com

PROGUARD BUILDING