



APPLICATION FOR
REGISTERED APPLICATOR PROGRAM

COMPANY NAME: _____

DBA (IF ANY): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ EMAIL: _____

LICENSE NUMBER: _____

PROOF OF INSURANCE: _____

YEARS OF EXPERIENCE: _____

PRINCIPAL DATE

MALARKEY REGIONAL SALES REPRESENTATIVE DATE

APPROVED BY (MANAGER, TECHNICAL SERVICES) DATE

By typing your name on this application, you, the contractor, are stating that you have reviewed and agreed to install Malarkey Roofing Products in accordance with Malarkey's printed application instructions and in compliance with all applicable building codes and regulations.



Once you have finished filling out this form you may click the button below to submit it to Malarkey by email.

You may also choose to print it out and fax it to Malarkey at 503.289.7644

 **SUBMIT VIA EMAIL**