



LOW SLOPE ROOFING SYSTEM WARRANTY APPLICATION

*FAILURE TO SUBMIT APPLICATION PRIOR TO JOB START MAY RESULT IN ADDITIONAL WARRANTY FEES OR NON-ISSUANCE OF WARRANTY

MALARKEY APPROVED CONTRACTOR INFORMATION

ROOFING CONTRACTOR _____	FAX _____	TELEPHONE _____
CONTACT NAME _____	MOBILE _____	EMAIL _____
ADDRESS _____	CITY, STATE _____	ZIP _____

PROJECT INFORMATION

BUILDING NAME/NUMBERS _____		DISTRIBUTOR _____	
ADDRESS _____	CITY, STATE, ZIP _____	ADDRESS _____	CITY, STATE, ZIP _____
_____	_____	TELEPHONE _____	EMAIL _____

BUILDING OWNER _____		_____	_____
ADDRESS _____	CITY, STATE, ZIP _____	TELEPHONE _____	EMAIL _____

PROJECT GENERAL CONTRACTOR _____		_____	_____
ADDRESS _____	CITY, STATE, ZIP _____	TELEPHONE _____	EMAIL _____

PROJECT ARCHITECT _____		_____	_____
ADDRESS _____	CITY, STATE, ZIP _____	TELEPHONE _____	EMAIL _____

PROJECT CONSULTANT _____		_____	_____
ADDRESS _____	CITY, STATE, ZIP _____	TELEPHONE _____	EMAIL _____

ROOFING SYSTEM INFORMATION (Provide specifics in the notes field below)

NEW CONSTRUCTION
 TEAR-OFF
 RE-COVER/OVERLAY

START DATE (Contact Malarkey if start date changes or is unknown) _____ ENTIRE BUILDING'S ROOF? YES NO _____ If not, what areas? _____ DESCRIBE ROOF ACCESS _____

*IF MORE THAN ONE BUILDING, PLEASE CONTACT MALARKEY.

SYSTEM SPEC	DECK	SLOPE	VAPOR BARRIER	INSULATION/COVER & MFG	INSULATION ATTACHMENT/MFG	MEMBRANE ADHESIVE/MFG	SQUARES	BASE FLASHING SHEETS

- When an Architect or Specifier generated plans, specifications and/or details for the project, please provide a copy to Malarkey.
- Attach Roof Sketch identifying areas to be covered under this warranty.

Additional notes, including material details, etc.:

WARRANTY LENGTH _____	NON-REFUNDABLE WARRANTY FEE _____	SUBMIT VIA EMAIL
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NOTICE OF COMPLETION

Roofing and Flashing systems were completed in accordance with Malarkey specifications using the above materials.

CONTRACTOR REPRESENTATIVE (PLEASE PRINT) _____	SIGNATURE _____	COMPLETION DATE _____
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MALARKEY USE ONLY

APPLICATION RECEIVED _____ DAYS	<input type="checkbox"/> BEFORE START DATE	<input type="checkbox"/> AFTER START DATE
APPLICATION NUMBER ASSIGNED _____	DATE _____	REVIEWED BY _____ SIGNATURE _____