

# WATERTIGHTNESS WARRANTY APPLICATION FORM

SEPARATE APPLICATIONS ARE REQUIRED WHEN MULTIPLE BUILDINGS REQUIRE SEPARATE WARRANTIES

2-Year     5-Year     10-Year     20-Year     Other     NDL

PROJECTED ROOFING START DATE: \_\_\_\_\_  
(STARTING DATE OF DRY-IN)

PROJECTED COMPLETION DATE: \_\_\_\_\_  
(ROOFING 100% COMPLETE)

## BUILDING OWNER

BUILDING OWNER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
BUILDING NAME: \_\_\_\_\_  
BUILDING ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

## ARCHITECT

COMPANY NAME: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

## ROOFING INSTALLER

COMPANY NAME: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

## GENERAL CONTRACTOR

COMPANY NAME: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

## JOB DATA

NUMBER OF ROOFING SQUARES: \_\_\_\_\_ PANEL TYPE: \_\_\_\_\_ COLOR: \_\_\_\_\_  
DECK ASSEMBLY: \_\_\_\_\_ UPLIFT RATING: \_\_\_\_\_

## ATTACHMENTS & OTHER REQUIREMENTS FOR THIS APPLICATION

### REQUIRED FOR ALL WATERTIGHTNESS WARRANTY PROJECTS

- A SET OF ARCHITECTURAL SPECIFICATIONS AND PLANS SHOWING ROOF PLAN, ALL ELEVATIONS, & ROOFING DETAILS, GENERAL NOTES OF STRUCTURAL DRAWINGS, ECT. MUST BE SUBMITTED PRIOR TO BID DATE FOR ACCEPTANCE OF PROJECT.
- TWO (2) SETS OF SHOP DRAWINGS, PREPARED IN ACCORDANCE WITH BERRIDGE REVIEW OF ARCHITECTURAL PLANS, BERRIDGE STANDARD DETAILS, AND SHOP DRAWING CHECKLIST
- NAME OF FOREMAN FOR THIS PROJECT. RESUME OF EXPERIENCE WILL BE REQUIRED IF NOT ON FILE AT BERRIDGE MFG CO.

\_\_\_\_\_  
(Name of Foreman for this Project)

### REQUEST FOR TECHNICAL DOCUMENTS BERRIDGE TO PROVIDE QUOTE FOR

- SHOP DRAWINGS WITH ENGINEERING SEAL
- SHOP DRAWINGS WITH OUT SEAL
- SEALED ENGINEERING CALCULATIONS
- LIST OTHER PANEL SYSTEMS REQUIRING SHOP DRAWINGS \_\_\_\_\_

You will be sent an order confirmation billing you for the warranty fee. Consult your sales representative for pricing.

**RETURN APPLICATION :**    email -- [wtw@berridge.com](mailto:wtw@berridge.com)  
**Berridge Mfg Co**  
1720 Maury Street                      fax: (713) 236-9422  
Houston, TX 77026



## BERRIDGE MANUFACTURING COMPANY

6515 Fratt Road, San Antonio, TX 78218 | 800-669-0009 | Fax 210-650-0379

Visit [www.berridge.com](http://www.berridge.com) for the most up-to-date information.

All information herein subject to change without notice. For technical assistance please contact Berridge.

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