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MANUFACTURERS OF ADVANCED TECHNOLOGY WATERPROOFING MEMBRANES
P.O. Box 497 • No. 2 Industrial Park Drive • Morrilton, Arkansas 72110 • Fax (501) 354-3019 • Phone 1-800-535-8597

WARRANTY REQUEST FORM

Instructions For Completing This Warranty Request Form

“Warranty Request Form” must be filled out in full. All applicable questions asked pertaining to project must be addressed. Answers such as “not applicable” (N/A) will not be accepted. Answers, other than descriptive ones such as, “no” or “none” **are** acceptable when addressing “Roof System” data.

Failure to complete “Warranty Request Form” as detailed in instructions, will result in delay of processing.

All information shall be true and correct, since the data determines approval for warranty, and is a permanent record of installed system and project.

If any non-standard details or specifications are incorporated in this roof system, the Roofing Contractor must apply for these changes, in writing to: BITEC Manager of Technical Services, before starting the project. All applications for non-standard system construction will be attached to “Warranty Request Form” at time of receipt as a permanent record.

Warranty Cannot be Processed if the following criteria are not met:

- 1) Receipt of completed Warranty Request.
- 2) Receipt of final inspection and signed punch list.
- 3) Receipt of all applicable warranty fees.
- 4) Authorized BITEC Applicator installed project. If project was sub-contracted by a BITEC Authorized Applicator to a roofing contractor not authorized by BITEC, INC., the Authorized Applicator must notify, to BITEC in writing, that the job will be supervised and that conditions of roof system application will be maintained by the Authorized Applicator. (See sub-contractor form).

BITEC has the right to disallow issuance of warranty if provisions outlined in BITEC specifications are not met.

NOTE: Each separate roof construction must be covered by a warranty request identifying the building number.

FOR BITEC OFFICE USE ONLY

DATE RECEIVED _____ WARRANTY FEE \$ _____ (IF APPLICABLE)

DATE OF INSPECTION _____ DATE ROOF INSPECTION FORM RECEIVED _____

APPROVAL BY MANAGER OF TECHNICAL SERVICES: DATE _____ BY _____

WARRANTY ISSUED AND MAILED _____ WARRANTY NO. _____

As BITEC INC. Authorized Contractor(s), we certify that the roofing system described below has been installed in strict accordance with BITEC INC. current specifications and good

roofing standards except as covered by the approved attachments. Please arrange to furnish the following warranty to us for delivery to the building owner.

AUTHORIZED CONTRACTOR

Date _____

Name _____ Applicator No. _____

Address _____

City _____ State _____ Zip _____ Telephone () _____

Signature _____ Title _____

PROJECT IDENTIFICATION:

Project Name _____

Address _____ Bldg. No. _____

City _____ State _____ Zip _____ Telephone () _____

Owner Name _____

Address _____

City _____ State _____ Zip _____ Telephone () _____

Architect Name _____

Address _____

City _____ State _____ Zip _____ Telephone () _____

New Construction **or Re-Roof With Tear-Off**
(complete Section I, following page)

Recover
(complete Section II, following page)

ROOF DETAILS

Building usage _____

Parapet height (if other specify) _____ Roof height _____

Roof Size (ft²) _____ Roof Slope _____

BITEC products used: Type _____ Quantity _____

Specification number _____ Type of coating used (Brand) _____

Approximate cost of roof system (contractor price to owner or G.C.) \$ _____

Roof System Completion Date: Month _____ Day _____ Year _____

SECTION I - New Construction or Re-Roof With Tear-Off.

Deck: Steel Plywood
 Lightweight Concrete Structural Concrete
 Other _____

Primer applied to deck:
 YES NO

Primer applied to flashings or masonry?
 YES NO

Vapor Barrier (Type & Method of Attachment)

Insulation (Type & Method of Attachment)

Base sheet (Type & Method of Attachment)

Plysheet (Type & Method of Attachment)

BITEC Membrane (Type, Color & Method of Attachment)

Surfacing (Type, brand if for roof coating)

Will roof system as installed, provide for positive drainage?
 YES NO

*** All non-standard details must be listed as shop drawings and/or correspondence, which has been pre-approved by the Manager of Technical Services.

Warranty Period Required _____ Years

Is warranty fee, if applicable, attached?
 YES NO

If yes, give amount \$ _____

If no, explain _____

BITEC membranes purchased from: _____

Date _____

SECTION II - RECOVER.

Existing System Data

(Existing roof not torn off)

Were core samples taken to determine condition of the existing roof system?

YES NO If yes, explain findings:

Deck: Steel Wood
 Lightweight Concrete Structural Concrete
 Other _____

Vapor Barrier (Type & Method of Attachment)

Insulation (Type & Method of Attachment)

Base sheet (Type & Method of Attachment)

Plysheet(s) (Type & Method of Attachment)

Membrane (Type, & Method of Attachment)

Surfacing (Type, brand if for roof coating)

If existing surface was gravel, was gravel removed?
 YES NO If yes, explain how:

RECOVER SYSTEM

Was Existing Surface Primed? YES NO

Insulation or Separation Layer (Type & Method of Attachment)

Base sheet (Type & Method of Attachment)

Plysheet (Type & Method of Attachment)

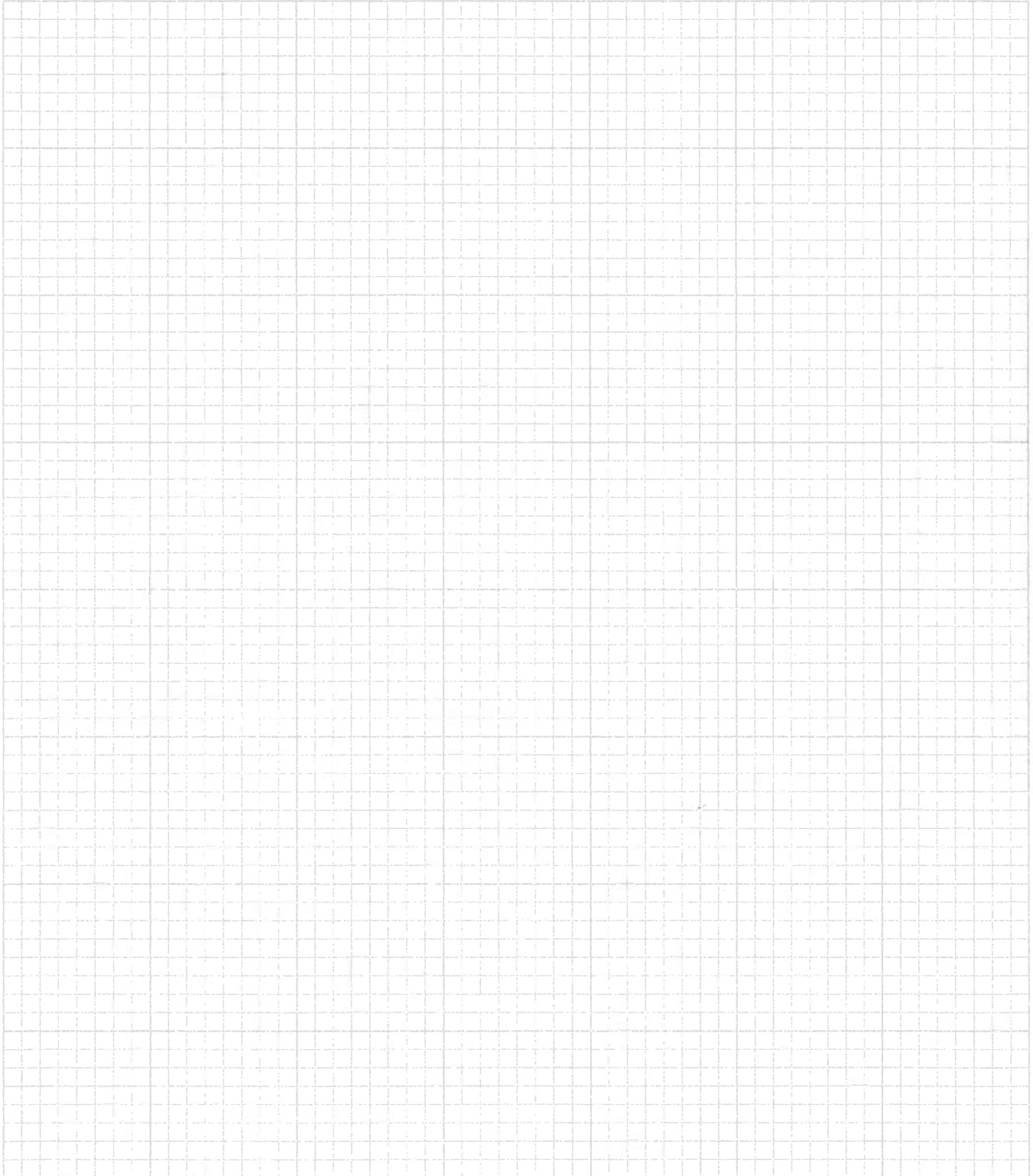
Membrane (Type, Color & Method of Attachment)

Surfacing (Type, brand if roof coating is used)

Will roof system as installed, provide for positive drainage?
 YES NO

ROOF DIAGRAM

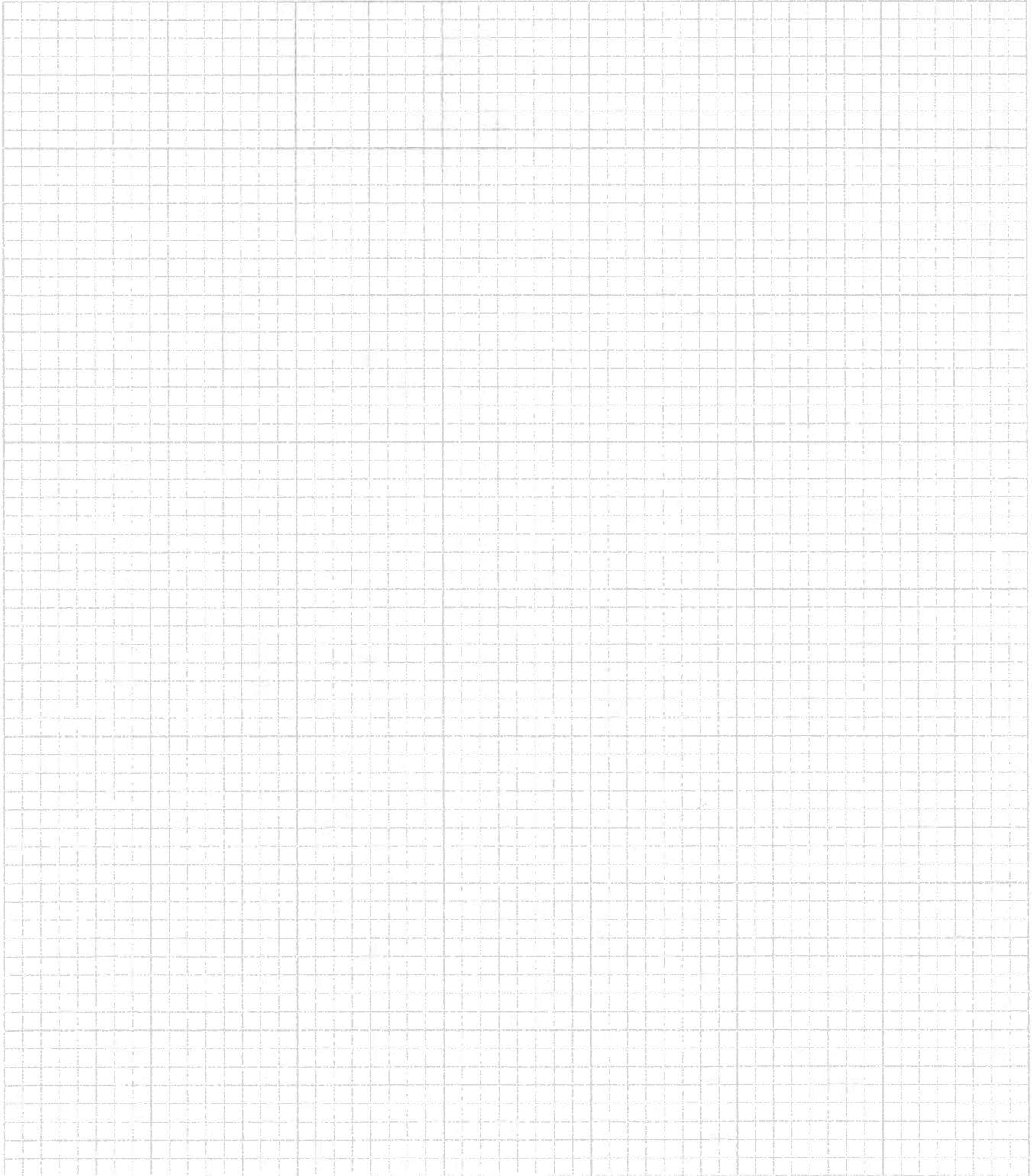
Use approximate dimensions and draw outline of roof slope.
Indicate location of vent through roof and all mechanical fixtures.
Shop drawing or blueprint will also suffice.



Revised 1/10

ROOF DIAGRAM

Use approximate dimensions and draw outline of roof slope.
Indicate location of vent through roof and all mechanical fixtures.
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Revised 1/10