



Flex Membrane International Corp. 5103A Pottsville Pike, Reading, PA 19605

610-916-9500 Fax: 610-916-9501

PV ROOF ALTERATION FORM

Building Name: _____

Building Address: _____

Building Owner: _____

Flex Warranty # _____ **Expiration Date:** _____

Contractor Name: _____

PV Manufacturer: _____ **PV Install Start Date:** _____

INSTRUCTIONS:

- 1) Submit this form and all required documentation to Flex Technical Services a minimum of 60 days prior to start of the PV system installation.
- 2) Flex Technical Services will review the submittal and respond regarding any required enhancements to the roofing system. Failure to perform the required enhancements received from Flex Technical Services could result in the warranty being declared void.
- 3) Flex requires two (2) roof audits: a pre-PV roof audit and a post-PV roof audit, by a representative of Flex Technical Services for each installation. The charge for each roof audit is \$ 750.00. A check made payable to Flex Membrane International, Inc. must be attached to this form when submitted to Flex for the total amount of all roof audits. It is the Contractor's responsibility to contact Flex Technical Services to request the pre-PV and post-PV roof audits. All roof audit fees are waived if the Building Owner purchases the PV system through Flex.
- 4) Every effort should be made to contact the Flex Approved Applicator who performed the original installation.

AGREEMENT & SUBMITTAL

I understand that failure to follow the requirements I receive from Flex Membrane International, Inc. may void the Flex Roof System Warranty. I certify that each of the following items is attached to this document and that all information submitted is accurate:

Shop drawing showing proposed PV layout and complete roof plan. The drawing must also show the placement of all membrane seams or fasteners and plates/batten if the roofing membrane is mechanically attached.

PV manufacturer's complete details and installation information.

Signed Overburden Waiver. Not required if PV is purchased through Flex Roofing Systems.

Proposed protection/slip sheet material: type, location, and application.

Appropriate Flex Roof System Details to be used for flashing, penetrations, additional membrane attachment and protection. All current Flex Roof System details and specifications must be followed.

Payment in the amount of \$ _____ for the required pre-PV and post-PV roof audits.

Print Name: _____

Signature: _____ Date: _____

As authorized agent for the Building Owner

SUBMIT THIS FORM, ALL ATTACHMENTS AND PAYMENT FOR TOTAL AMOUNT OF ROOF AUDITS TO:

FLEX ROOF SYSTEMS, 5103A Pottsville Pike, Reading, PA 19605