

APPLICATOR APPROVAL REQUEST FORM

Business Name _____

Mailing Address _____ City _____ State _____

Shipping Address _____ Zip Code _____

Telephone () _____ - _____ Fax () _____ - _____ Email: _____

Years in Business _____ Member of NRCA _____ Yes _____ No

PLEASE LIST PARTNERS AND PRIMARY MANAGEMENT PERSONNEL:

NAME

TITLE

_____	_____
_____	_____
_____	_____

TYPE OF ROOFING PERFORMED:

TPO: _____ % PVC: _____ % ELVALOY® KEE: _____ %

EPDM: _____ % MODIFIED: _____ % BUR _____ % METAL: _____ %

General Vicinity of Operations: _____ # of Employees _____

Which Roofing Manufacturers are you currently Certified with:

Agent or Distributor You Use To Purchase FLEX Roofing Materials from: _____

LIST THREE REFERENCES ON PAST WORK PERFORMANCES PREFERABLY THERMOPLASTIC SINGLE PLY ROOF SYSTEMS:

1) Name of Project: _____ Name of Contact: _____
 Address: _____ Phone #: _____
 System Type: _____ Size: _____ Date: _____

2) Name of Project: _____ Name of Contact: _____
 Address: _____ Phone #: _____
 System Type: _____ Size: _____ Date: _____

3) Name of Project: _____ Name of Contact: _____
 Address: _____ Phone #: _____
 System Type: _____ Size: _____ Date: _____

 Signature & Title of Roofing Contractor

 Date