

ROOFPRO PROJECT WARRANTY REGISTRATION



Fill out the tables below with the information exactly as you want it to appear on the warranty. Please be advised that submission of this form does not constitute approval or acceptance of this project for installation or warranty. This form must be completed and emailed to your local sales representative before application of Sika materials

Project Name:		Warranty # (Sika Generated):	
Address:			
City:	State:	Zip:	
Specifier:		Sika Salesperson & Tech Rep:	
Applicator:		General Contractor:	
Purchased Direct from Sika		or through Distribution	
		Distributor:	

IMPORTANT: PRINT BELOW EXACTLY AS YOU WANT TO APPEAR ON FINAL WARRANTY

Building Owner Name:		
Address:		
City:	State:	Zip:
Owner Contact Name:		Title:
Phone:	Fax:	Email:

PROJECT INFORMATION:

Project Type:	Exposed Roof (no overburden)	Inverted/PMR Roof (with overburden)
	Vegetative/Green Roof	Roof Recover
	Plaza Deck Waterproofing	Sub Grade Waterproofing
	Balcony (no occupied space below)	Planter
	Terrace/Roof Setback (occupied space below)	Foundation Wall Waterproofing
	Interior Waterproofing	Exterior Wall Waterproofing/Coating
	Other Waterproofing _____	

Total Size in Square Feet: _____

Construction: New Construction Existing Construction (Tear off and replace)

Project Access: _____ **Special Conditions:** _____

EXISTING CONSTRUCTION ASSEMBLY:

Structural Deck: Structural Concrete

Wood – Type and Thickness: _____

Steel – Type and Gauge: _____

Other: _____

Sika Corporation
201 Polito Avenue
Lyndhurst, NJ 07071
Phone: 201-933-8800
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Intended Substrate: Concrete Metal Roof
SBS Modified Bit. Smooth SBS Modified Bit. Mineral Surface
Single Ply Roof System- Type:
Plywood – Type & Thickness:
Brick Stucco CMU Block
Other Waterproofing _____

Substrate Preparation Method(s): _____

SIKALASTIC ROOFPRO SYSTEM:

Sikalastic RoofPro Direct (Membrane direct to approved deck with no overburden)
Sikalastic RoofPro Inverted (Membrane direct to approved deck with overburden)
Sikalastic RoofPro Plaza Waterproofing (Membrane direct to approved deck with overburden)
Sikalastic RoofPro Built Up (Membrane applied over insulated roof assembly)
Sikalastic RoofPro Green Inverted (Membrane applied direct to deck with vegetative overburden)
Sikalastic RoofPro Recover (Membrane applied direct to approved existing roof membrane system. Must have Sika approval in advance.)
Other Waterproofing _____

Primer(s): Sikalastic Concrete Sikalastic Lo-VOC Concrete Primer Sikalastic EP Primer Sikalastic GDC Primer
Sikalastic DTE Primer Sika MT Primer Sika Bonding Primer Sikalastic EP Primer Rapid
Sikalastic Primer EPDM Sika Joint Tape SA Primer Other: _____

Reinforcement(s): Sika Reemat Premium Sika Reemat Standard Sika Flexitape Heavy 3"
Sika Flexitape Heavy 6" Sika Fleece 120 Sika Fleece 140
Sika Fleece 170 Sika Joint Tape SA 3" Sika Joint Tape SA 6"

Specified Total Membrane System Minimum Wet Film Thickness (WFT): _____

Base Coat: **Specified Minimum Wet Film Thickness (WFT):** _____
Sikalastic 621 TC – Color: _____
Sikalastic 624 WP – Color: _____
Sikalastic 644 Lo-VOC – Color: _____
Sikalastic 641 Lo-VOC – Color: _____
Sikalastic Clearglaze: _____
Other: _____

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Top Coat: **Specified Minimum Wet Film Thickness (WFT):** _____
Sikalastic 621 TC – Color: _____
Sikalastic 624 WP – Color: _____
Sikalastic 644 Lo-VOC – Color: _____
Sikalastic 641 Lo-VOC – Color: _____
Sikalastic Clearglaze: _____
Other: _____

Surfacing (non skid/decorative finishes applied over the warranted membrane):

None
Quartz Type: _____ Size: _____
 Manufacturer: _____
Flake Type: _____ Size: _____
 Manufacturer: _____

Aggregate Embedment Coat: **Specified Minimum Wet Film Thickness (WFT):** _____
Sikalastic 621 TC – Color: _____
Sikalastic 624 WP – Color: _____
Sikalastic 641 Lo-VOC – Color: _____
Sikalastic 644 Lo-VOC – Color: _____
Sikalastic Clearglaze _____
Other: _____

Aggregate Seal Coat: **Specified Minimum Wet Film Thickness (WFT):** _____
Sikalastic 621 TC – Color: _____
Sikalastic 624 WP – Color: _____
Sikalastic 641 Lo-VOC – Color: _____
Sikalastic 644 Lo-VOC – Color: _____
Sikalastic Clearglaze: _____
Sikalastic 748 PA Clear: _____

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Roof Assembly Components Below Membrane:

None

Quartz Type: _____ Manufacturer: _____

Flake Type: _____ Manufacturer: _____

 Attachment: _____

Vapor Barrier Type: _____ Manufacturer: _____

 Attachment: _____

Insulation Type: _____ Manufacturer: _____

 Attachment: _____

Cover Board Type: _____ Manufacturer: _____

 Attachment: _____

Base Sheet Type: _____ Manufacturer: _____

 Attachment: _____

Other: _____

Overburden Assembly Components Above Membrane:

None

Root Barrier Type: _____ Manufacturer: _____

Drainage Mat Type: _____ Manufacturer: _____

Protection Board Type: _____ Manufacturer: _____

Insulation Type: _____ Manufacturer: _____

Filter Fabric Type: _____ Manufacturer: _____

Pavers Type & Color: _____ Manufacturer: _____

Concrete Overburden Soil/Media Overburden Cementitious Mortar Setting Bed

Stone Ballast Thin Set and Tile (must use Sika approved tile adhesive)

Other _____

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REQUESTED WARRANTY: Materials Only warranties available for less than 500 ft² projects.

Duration: 5 Years 10 Years 15 Years 20 Years 25 Years
Other _____

Type: Material Only Limited Labor & Material *Single Source Labor & Material*
 *Single Source Labor and Material, NDL *(Preapproval required)

**Labor/workmanship inclusive warranties require an executed Sikalastic Waterproofing & Roofing System Applicator Agreement*

Single Source System Warranty: (All materials must be purchased from/through Sika)

Single Source Built Up Roof (BUR) (covers Vapor Barrier, Adhesive, Fasteners, Insulation & Cover Board as applicable)

Single Source Plaza/PMR (covers Drainage Mat, Extruded Polystyrene Insulation, Precast Concrete Pavers & Pedestals as applicable)

SPECIAL INCLUSIONS OR EXCLUSIONS TO WARRANTY:

Exclusions or Comments:

PROJECT LOCATIONS:

Indicate below each discrete location of work and associated information exactly as it will appear on the final warranty. Attach additional pages as needed for additional areas.

Area / Floor	Location	Comments / Description	Area S.F.
Total Square Feet:			

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APPLICATOR'S PROJECT CERTIFICATION STATEMENT

The applicator hereby certifies this roofing and/or waterproofing application is being installed by a crew trained and capable of satisfying Sika's, current specifications, details, and quality control requirements. Applicator assumes full responsibility to determine substrate moisture content and all ambient conditions including air/substrate temperatures, relative humidity and dew point throughout the progress of work and shall only apply Sika materials to clean, acceptable, and appropriately prepared substrates. The applicator shall indemnify Sika and hold harmless from any loss, damage, expense, claim or cause of action arising from any cause other than defects in the composition of the Sika system used for this application. During the warranty period the applicator shall investigate all complaints regarding the above application and shall promptly notify Sika of any facts and circumstances that may give rise to a warranty claim. The applicator is responsible for all workmanship related repairs for minimally two (2) years from issuance of warranty unless otherwise notified. Sikalastic Waterproofing & Roofing System Applicator Agreements are required to qualify for all labor and materials warranties and preapproved NDL warranties. If no signed Applicator Agreements in place then Materials Only warranties are the only Sika warranty available. All Sikalastic RoofPro projects for which a Sikalastic warranty is required must first be registered with, and approved by Sika LAM Technical Services prior to job start. Projects not registered in this manner will be eligible for a 1 year Sika Defective Material warranty only.

Applicator:		
Address:		
City:	State:	Zip:
Officer Signature:	Title:	Date:
Phone:	Fax:	Email:

Project Manager: _____ **Cell Phone:** _____

Anticipated Start Date: _____ Contractor Training Requested.

Disclaimer: Review of all project information by Sika is solely for the benefit of Sika and for purposes of evaluating eligibility for warranty service agreement acceptance and does not constitute any representations, endorsements or assumption by Sika of any liability for the adequacy of design of this building, the sufficiency of the roofing/waterproofing system or substrate components to accept the Sika system, or any materials not supplied by Sika. Corrections or comments made during this review does not relieve the contractor from compliance with requirements of standard specifications or other requirements stipulated under contract with the owner. The applicator is responsible for confirming and complying with all local building and/or jurisdictional codes and correlating all materials, quantities, dimensions, application processes, techniques of installation, and performing all work in a safe and satisfactory manner.

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After completion: Form MUST be signed off by Sika representative upon completion, inspection and acceptance of project.

Sika Sales Signature: _____ **Date of Acceptance:** _____

Sika LAM TFS Signature: _____ **Date of Acceptance:** _____

