RoofCoat Project Registration for Warranty



Warranty # RC -	Date Approv		kalastic® RoofPro RoofCoat
PRIOR TO PROJECT	START, ALL ROOFCO. COMPLET	AT PROJECTS REQUIRI E PAGE 1	NG A WARRANTY
Project warranty registrations Projects not registered before	are reviewed and approve	d by Sika Corporate Technic	
Project Name:			
Project Address:			
Owner Name:	Phone:	Email:	
Applicator Name:	Phone:	Email:	
Applicator Address:			
Requested Warranty: Project	ts less than 5,000 ft² are o	nly eligible for Material Wa	rranties
Duration Years: Typ	oe: 🗆 Material Only 🗀 Limite	d Labor & Material (Required: fi	II out pages 2 & 3)
Roof Area Total SF:			
Planned Local Reinforcement: S	ika Flexitape Heavy □ 3" □ 6	" Sika Joint Tape SA 🛘 3" 🗀	l 6"
Are there areas where water pond	ls? □ No □ Yes, Estima	ted Ponding ft ² : Estima	ted depth (in)
How will ponding areas be addres	sed:		Initial:
Product Name	Product Code	Batch (Lot) #'s	# Of Pails
Sik	:alastic® RoofCoat – 500, 515/	AC, 626 or 646 Lo-VOC Produc	ts
APPLICAT	OR'S PROJECT CERTIFICATION	N STATEMENT AND RESPONS	IBILITIES
	of/substrate(s) are fit for Roof Coa		
Applicator Signature: ————		Date:	
Print Name:			
Sika Representative Signature:		Date:	

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 the 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 do not relieve the contractor from compliance with requirements of standard specifications or other requirements stipulated under the 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.

Print Name:

RoofCoat Limited Labor and Material (L&M) **Warranty Registration**



ROOFCOAT PROJECTS REQUIRING LIMITED L&M WARRANTIES COMPLETE PAGES 2 & 3

		Sikalastic® RoofCoat - 500	D, 515AC, 626 or 64	6 Lo-VOC Products
Construction: \Box	New Cons	truction 🗆 Recover / Mainter	nance 🗆 No leaks	☐ Leaks Every Rain ☐ Leaks w/ Heavy Rain Only
Items needed and	d provide	d to Sika prior to job start-u	p:	
☐ Sketch or aerial	image of	target roof, photos of scupper	s, penetrations, sea	ms, termination points, existing roof surface, etc.
☐ Specifications o	r proof of	owner request for warranty		
☐ Moisture scan o	f entire ro	of 🗆 Core samples 🗀 Infra-r	red thermography - I	Date of Scan % WET
INFRA-R	RED MOIST	TURE SCAN IS MANDATORY	FOR APPLICATIONS	S OVER INSULATED ROOF ASSEMBLIES
_	-	nponents and Condition Belo	_	
☐ No existing com	iponents t	petween the existing Roof and	d Roof Deck	
☐ Vapor Barrier	Conditio	1:		Attachment:
☐ Cover Board	Conditio	1:		Attachment:
□ Insulation	Conditio	n:		Attachment:
□ Other	Conditio	n:		Attachment:
Please rate the co	nditions b	elow where applicable:		
Existing Roof:	□ Good	☐ Repairs Needed	Expansion Joints:	☐ Good ☐ Repairs Needed
Seams:	□ Good	☐ Repairs Needed	Parapet Walls:	☐ Good ☐ Repairs Needed
Flashings:	□Good	☐ Repairs Needed	Protrusion Details:	☐ Good ☐ Repairs Needed
Drains:	□ Good	☐ Relocation/Re-slope Requ	uired Repairs Ne	eded □ Clogged □ None
Scuppers:	□ Good	☐ Relocation/Re-slope Requ	uired Repairs Ne	eded □ Clogged □ None
Adhesion Test Re	sults:			
Substrate:		Primer:	Adhesion:(lbs./in.)	SF Size:
Substrate:		Primer:	Adhesion:(lbs./in.)	SF Size:
Substrate:		Primer:	Adhesion:(lbs./in.)	SF Size:

WARRANTY REQUEST FORM

RoofCoat Labor and Material (L&M)



WARRANTY #RC -	<u>MPLETION,</u> ALL PROJECTS	S DECITIONS A LIMITES	
FILL IN PAGE 3	MPLETION, ALL PROJECTS	S REQUIRING A LIMITEL	JEGW WARRANTY
To qualify for warranty, the I	RoofCoat Project Registration forn description Material Warranties, are received		ika Technical.
Exclusions to warranty /	Maintenance items / Additional coatir	ng needed, are based on information	n provided on this form
	PROIFCT I	NSPECTION NSPECTION	
Test Cuts: Two (2) cuts shoulength.	old be taken every 5,000 SF and sho		thickness below per system
Location:	Test Cut 1(mils)	Test Cut 2(mils):	
Location:		Test Cut 2(mils):	
Location:	Test Cut 1(mils)	Test Cut 2(mils):	
Location:			
Location:			
f corrections are needed, re	o leaks	•	
f corrections are needed, re repair.	turn this form with the Applicator'	•	
if corrections are needed, re repair. If no corrections are need	turn this form with the Applicator'	s Initials where applicable above	along with pictures of each
If corrections are needed, receptive pair. If no corrections are needed. Correction:	eturn this form with the Applicator's led, check this box	s Initials where applicable above	along with pictures of each Initial:
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