

INSTRUCTIONS FOR COMPLETING THE U. S. PLY NDL GUARANTEE PROJECT REGISTRATION FORM

REGISTRATION (NOTICE OF INTENT)

1. **Complete Page 2 & 3 (Project Registration) and Page 4 (Roof Plan) of the Project Registration Form** and send to U.S. PLY Technical Services by fax or mail (fax # is 817-413-8221, or mail to 2000 E. Richmond Ave., Ft. Worth, TX, 76104) within seven (7) business days prior to job start. Be sure to fill out the **Project Registration Form** completely, **sign and date the bottom portion**. All information submitted on this form must be in accordance with the most current U.S. PLY, INC application and specification requirements. **THIS FORM REPRESENTS YOUR NOTICE OF INTENT TO RECEIVE AN NDL GUARANTEE.**
2. U.S. PLY will review the **Project Registration Form** and fax (if applicable) or mail a **Project Confirmation** back. Once you receive your confirmation, you may proceed with the project installation as soon as practical. **Note:** You should review the confirmation and advise us if any information is incorrect. (The information on the form is used to process the Guarantee).
3. Projects for which unacceptable, inaccurate or incomplete information is received may not be accepted unless all issues are addressed and/or clarified to the satisfaction of the U.S. PLY Technical Services Department prior to the start of the job. If you have not received your **Project Confirmation** when you are ready to proceed, please call the U.S. PLY Technical Services TOLL-FREE @ 866-PUSHPLY (866-787-4759).

NOTICE OF FINAL PROJECT COMPLETION

1. Upon final project completion, fill in the date of completion and any applicable sections on **Notice of Completion (Page 5)**. **Mail Page 5 with a check for the balance of the Guarantee fee** to U.S. PLY, INC. 2000 E. Richmond Ave., Ft. Worth, TX 76104. If the **Roof Plan (Page 4)** was not included when registering the project, then be sure to include it when mailing in the **Notice of Completion Form**.
2. **Schedule and attend the Final inspection with the U.S. PLY inspector.** Inspections will not be conducted without your attendance unless directed by you.
3. If a punch list is issued, complete the punch list by making all repairs/corrections in accordance with the requirements of U.S. PLY. Return the signed punch list and any required photographic documentation of repairs/corrections to the U.S. PLY Technical Services Department.
4. **If a re-inspection is required contact the U.S. PLY Technical Services Department @ 1-866-PUSHPLY (866-787-4759 to schedule an inspection).**

U.S. PLY GUARANTEE ISSUANCE & INSPECTION POLICY

1. U.S. PLY will not issue a **Project Confirmation** until we have received a completed **Project Registration Form (Page 2 & 3)**. It is recommended not to start a project until you have received a **Project Confirmation**. This is only a recommendation.
2. U.S. PLY will send a **Project Confirmation** back only when the information submitted is, in our opinion, correct and in accordance with our published requirements. We are relying on your representations that this information is correct. Confirmations are issued in good faith and are based upon the contractor's certification that the project will be completed in accordance with U.S. PLY specifications as set forth in our most recent U.S. PLY Modified Bitumen and BUR Specification and Applications Manual. U.S. PLY reserves the right not to issue a guarantee when our requirements have not been met.
3. The guarantee, once issued, will be sent to the contractor for delivery to the owner.
4. Some states require that taxes be collected on the sale of guarantees (fees). U.S. PLY, INC. is not responsible for the collection or the distribution of sales taxes of guarantees to the applicable taxing authority. **The roofing contractor shall bear the responsibility to collect and remit all appropriate sales taxes to the applicable taxing authority.** Contractor agrees by submitting this Registration to execute this obligation.

MAILING ADDRESS

U. S. PLY, INC. – TECHNICAL DEPARTMENT – 2000 E Richmond Ave., Ft. Worth, TX 76104

PROJECT REGISTRATION FORM – (NOTICE OF INTENT)

Date:	Guarantee Length: <input type="checkbox"/> 5 Year <input type="checkbox"/> 10 Year <input type="checkbox"/> 12 Year <input type="checkbox"/> 15 Year <input type="checkbox"/> 20 Year <input type="checkbox"/> Extend Advantage
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OWNER/BUILDING CONTACT INFORMATION

Building Name:			
Address:	City:	State:	Zip:
<i>(List name or company that the guarantee is to be issued to)</i>			
Owner:			
Address:	City:	State:	Zip:
Contact:	Phone:	Email:	

CONTRACTOR INFORMATION

Contractor:			
Address:	City:	State:	Zip:
Contact:	Phone:	Email:	
Certification #	<input type="checkbox"/> STARCHOICE APPLICATOR	<input type="checkbox"/> STARCERTIFIED APPLICATOR	

ARCHITECT/CONSULTANT INFORMATION

Specifier:			
Address:	City:	State:	Zip:
Contact:	Phone:	Email:	

BUILDING INFORMATION

Building Use:	Age:	Building Frame:	Building Height:
<input type="checkbox"/> New Construction	<input type="checkbox"/> Building Addition	<input type="checkbox"/> Remodel/Renovation	<input type="checkbox"/> Roof Replacement Only

EXISTING ROOF INFORMATION

Roof Area (1): Sq. Ft.	Deck Type:	Insulation Type:	Thickness:
Existing Roof Type(s) Explain:		Base Flashing Type:	Approximate Roof Age:
Moisture Scan Results:		Core Cut Results:	
Roof Area (2): Sq. Ft.	Deck Type:	Insulation Type:	Thickness:
Existing Roof Type(s) Explain:		Base Flashing Type:	Approximate Roof Age:
Moisture Scan Results:		Core Cut Results:	

SURFACE PREPARATION
PROJECT REGISTRATION FORM (CONTINUED)

<input type="checkbox"/> New Construction	<input type="checkbox"/> Complete Tear-Off	<input type="checkbox"/> Recover over Smooth Surface	<input type="checkbox"/> Recover over Existing Gravel
Other (explain):			
Describe Preparation of Existing Roof:			

NEW ROOF INFORMATION

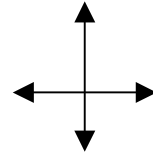
Roof Area (1): Sq. Ft.	Deck Type:	US PLY Spec #:	Base Flashing Spec #:
Vapor Retarder/Type:	Attachment:	# of Plies:	
Insulation (Base Layer):	Mfg:	Thickness:	Attachment:
Insulation (2 nd Layer):	Mfg:	Thickness:	Attachment:
Insulation (3 rd Layer):	Mfg:	Thickness:	Attachment:
Fastener Type:	Mfg:	Length:	Application Rate:
Bitumen Type:	Mfg:	Application Rate:	
Adhesive Type:	Mfg:	Application Rate:	
Base Sheet:	Mfg:	Attachment:	
U.S. PLY Interply Sheet(s):	# of Plies	Attachment:	
U.S. PLY Membrane: <input type="checkbox"/> DuraWeld™ 4S APP <input type="checkbox"/> DuraWeld™ 4M APP <input type="checkbox"/> DuraWeld™ 4MFR APP			
<input type="checkbox"/> DuraFlex™ 190 SBS <input type="checkbox"/> DuraFlex™ 190FR SBS <input type="checkbox"/> DuraFlex™ 250FR SBS <input type="checkbox"/> DuraFlex™ G4FR SBS			
<input type="checkbox"/> DuraFlex™ 190 Smooth SBS <input type="checkbox"/> DuraFlex™ G4S SBS		Attachment Method:	
Base Flashing Membrane:		Attachment Method:	
Surfacing:	Metal Flashing Type:	Accessories:	
Describe in detail the preparation and the installation procedure:			
Roof Area (2): Sq. Ft.	Deck Type:	US PLY Spec #:	Base Flashing Spec #:
Vapor Retarder/Type:	Attachment:	# of Plies:	
Insulation (Base Layer):	Mfg:	Thickness:	Attachment:
Insulation (2 nd Layer):	Mfg:	Thickness:	Attachment:
Insulation (3 rd Layer):	Mfg:	Thickness:	Attachment:
Fastener Type:	Mfg:	Length:	Application Rate:
Bitumen Type:	Mfg:	Application Rate:	
Adhesive Type:	Mfg:	Application Rate:	
Base Sheet:	Mfg:	Attachment:	
U.S. PLY Interply Sheet(s):	# of Plies	Attachment:	
U.S. PLY Membrane: <input type="checkbox"/> DuraWeld™ 4S APP <input type="checkbox"/> DuraWeld™ 4M APP <input type="checkbox"/> DuraWeld™ 4MFR APP			
<input type="checkbox"/> DuraFlex™ 190 SBS <input type="checkbox"/> DuraFlex™ 190FR SBS <input type="checkbox"/> DuraFlex™ 250FR SBS <input type="checkbox"/> DuraFlex™ G4FR SBS			
<input type="checkbox"/> DuraFlex™ 190 Smooth SBS <input type="checkbox"/> DuraFlex™ G4S SBS		Attachment Method:	
Base Flashing Membrane:		Attachment Method:	
Surfacing:	Metal Flashing Type:	Accessories:	
Describe in detail the preparation and the installation procedure:			
Start Date:	U.S. PLY Sales Representative:	Expected Completion Date:	
Contractor's Certification: I affirm that this project will be completed in accordance with the U.S. PLY specifications as set forth in the most recent U.S. PLY Modified Bitumen and Built-Up Roofing Systems Application and Specification Manual. I understand that U.S. PLY is relying upon the above information in issuing a guarantee.			
Authorized Contractor Representative (print name): _____		Signature X: _____	
Phone: _____	Fax: _____	Date: _____	

ROOF PLAN

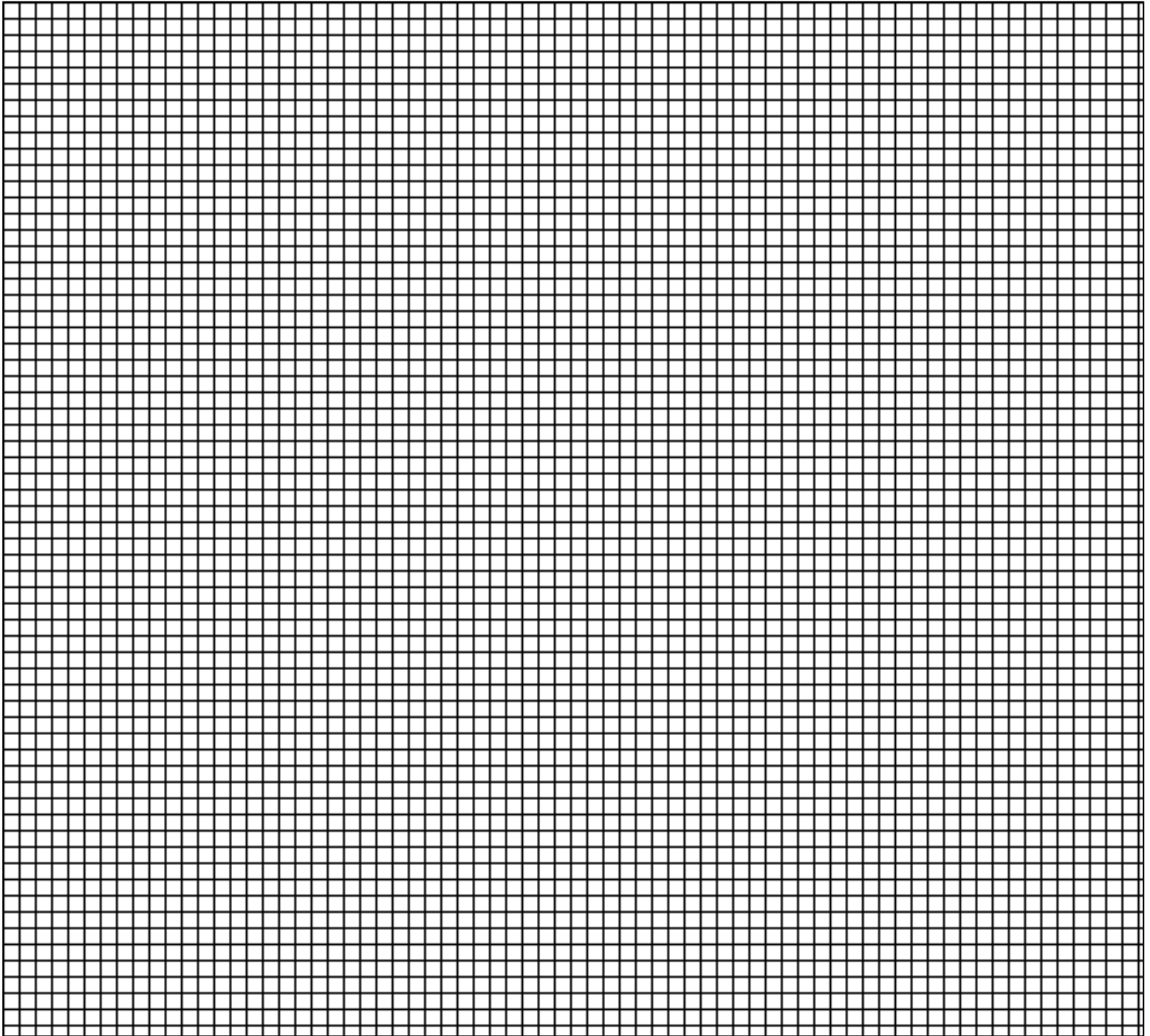
PROJECT NAME:

CONTRACTOR NAME:

CITY, STATE:



Identify below the appropriate roof plan. Indicate perimeter, walls, curbs, penetrations and other flashing applications. Indicate direction.



Comments:

PROJECT NOTICE OF COMPLETION

Date:	Project Start Date:	Project Completion Date:	Project Registration #:	
Building Name:				
Address:		City:	State:	Zip:
Contractor:				
Address:		City:	State:	Zip:
Contact:		Phone:	Email:	
Certification #	<input type="checkbox"/> STARCHOICE APPLICATOR		<input type="checkbox"/> STARCERTIFIED APPLICATOR	

FINAL INSPECTION REQUEST

I AM REQUESTING THE FINAL INSPECTION

I certify that the project is complete and has been installed in accordance with U.S. Ply Inc.'s most current modified bitumen and/or Bur roofing systems application and specification manual. I understand that a final inspection must be conducted prior to the issuance of the guarantee.

Authorized Contractor Representative (print name): _____ Signature X: _____

Phone: _____ Fax: _____ Date: _____

STARCHOICE GUARANTEE EXPRESS REQUEST

I AM REQUESTING THE ISSUANCE OF THE GUARANTEE UNDER THE **STARCHOICE GUARANTEE EXPRESS PROGRAM.**

I certify that the project is complete and has been installed in accordance with U.S. Ply Inc.'s most current modified bitumen and/or Bur roofing systems application and specification manual. I understand that a final inspection will be conducted as soon as possible and that if any corrections are required, that I will be responsible to make all corrections in accordance with U.S. Ply requirements.

Authorized Contractor Representative (print name): _____ Signature X: _____

Phone: _____ Fax: _____ Date: _____

PUNCH LIST INFORMATION

Inspection Conducted : <input type="checkbox"/> YES <input type="checkbox"/> NO	Punch List Issued : <input type="checkbox"/> YES <input type="checkbox"/> NO	Reinspection Required: <input type="checkbox"/> YES <input type="checkbox"/> NO
Passed Inspection: <input type="checkbox"/> YES <input type="checkbox"/> NO	Punch List Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Passed Reinspection: <input type="checkbox"/> YES <input type="checkbox"/> NO
If no, explain:	Punch List Photo Documentation Submitted: <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
	If no, explain:	

CONTACT US

1. All correspondence, forms and documentation should be mailed to:

U.S. PLY, INC.
TECHNICAL SERVICES DEPARTMENT
2000 E. Richmond Ave.
Ft. Worth, TX 76104

2. For Technical Questions, Guarantee Requirements or Status call TOLL-FREE (866) PUSHPLY (866-787-4759)