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INSTRUCTIONS FOR COMPLETING THE USP® TUFFCAP MB LIMITED SYSTEM WARRANTY 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 email to U.S. PLY Technical Services @ warranty@usply.com or by fax or mail (fax # is 817-413-8221, (mail to P.O. Box 11740, Ft. Worth, TX, 76110) prior to job start. Be sure to fill out the **Project Registration Form** completely, **and date the bottom portion**. All information submitted on this form must be in accordance with the most current USP® TUFFCAP specification/installation manual. **THIS FORM REPRESENTS YOUR NOTICE OF INTENT TO RECEIVE A TUFFCAP MB LIMITED SYSTEM WARRANTY.**
2. 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.
3. U.S. PLY will return to you a **Project Reference Number** for future use. Once you receive your **Project Reference #**, you should review the information and advise us if anything is incorrect. (The information on the form is used to process the TUFFCAP MB Limited System Warranty). If you have not received your **Project Reference Number** 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, please complete the following:
 - a. Fill in the **Date of Completion** and any applicable sections on **Notice of Completion (Page 5)**.
 - b. If the **Roof Plan (Page 5)** was not included when registering the project, then be sure to include it when emailing, faxing or mailing the **Notice of Completion Form**.
 - c. Include **3 – 5 overview photos** of the roof project. Remember to use Reference #. Photos may be mailed to U.S. PLY, INC. P.O. Box 11740 Ft. Worth, TX 76110 or emailed to warranty@usply.com
2. **Return Notice of Completion (Page 5) with a check for the balance amount of the Warranty Fee** to U.S. PLY, INC. P.O. Box 11740 Ft. Worth, TX 76110. **Note:** You may also pay with a credit card by calling U.S. PLY @ 866-PUSHPLY (866-787-4759); or by submitting a credit card authorization form (see **Page 6**) via email @ warranty@usply.com or Fax (817-413-8221).

USP®-TUFFCAP MB LIMITED SYSTEM WARRANTY ISSUANCE POLICY

1. U.S. PLY will not issue a **Project Reference Number** until we have received a completed **Project Registration Form (Page 3 & 4)**. It is recommended not to start a project until you have received a **Project Reference Number**. This is only a recommendation.
2. It should be understood that, when U.S. Ply sends a **Project Reference Number** back to you, 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 applicable USP® TUFFCAP specifications as set forth in our most recent USP® TUFFCAP Specification/Installation Manual. U.S. PLY reserves the right not to issue any limited warranty when our requirements have not been met.
3. The limited warranty will not be issued until U.S. Ply has received (a) **Project Registration (pages 2 & 3)**; (b) **Roof Plan (page 4)**; (c) **Notice of Completion (page 5)**; and (d) applicable **Warranty Fee Payment**. The limited warranty, 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/limited warranty (fees). U.S. PLY, INC. is not responsible for the collection or the distribution of sales taxes of guarantees/limited warranties 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 – P.O. Box 11740, Ft. Worth, TX 76110 – PHONE 866-PUSHPLY (866-787-4759) – FAX (817) 413-8221 – EMAIL warranty@usply.com



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USP® ROOF SYSTEM PROJECT REGISTRATION FORM – (NOTICE OF INTENT)

Date:	Material Type:
	Warranty Term:

OWNER/BUILDING CONTACT INFORMATION

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

CERTIFIED CONTRACTOR INFORMATION

Contractor:			Cert #
Address:	City:	State:	Zip:
Contact:	Phone:	Email:	

BUILDING INFORMATION

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

EXISTING ROOF INFORMATION

Insulation Type: Explain:	# of roofs in place:	Parapet Type:
Existing Roof Type(s) Explain:	Parapet Height:	Base Flashing Type:
Moisture Scan Results:	Core Cut Results:	

SURFACE PREPARATION

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



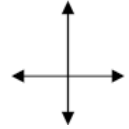
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NEW ROOF INFORMATION

Roof Area (1) Sq. Ft.	Deck Type:	Spec #:
APP Membrane Cap Sheet:	SBS Membrane Cap Sheet:	
USP APP Smooth Sheet(s):	Attachment Method:	
USP SBS Smooth Sheet(s):	Attachment Method:	
Felt(s):	# of Plies:	Attachment Method:
Anchor Sheet:	Attachment Method:	
Base Flashing Base Ply:	Attachment Method:	
Base Flashing Cap Ply:	Attachment Method:	
Adhesive Type:	Bitumen Type:	
Fastener Type:		
Rigid Insulation:	Mfg:	Thickness:
Tapered Insulation:	Mfg:	Slope:
Cover Board:	Mfg:	Thickness:
Surfacing:		Metal Flashing Type:
Describe in detail the preparation and the installation procedure:		
Roof Area (2) Sq. Ft.	Deck Type:	Spec #:
APP Membrane Cap Sheet:	SBS Membrane Cap Sheet:	
USP APP Smooth Sheet(s):	Attachment Method:	
USP SBS Smooth Sheet(s):	Attachment Method:	
Felt(s):	# of Plies:	Attachment Method:
Anchor Sheet:	Attachment Method:	
Base Flashing Base Ply:	Attachment Method:	
Base Flashing Cap Ply:	Attachment Method:	
Adhesive Type:	Bitumen Type:	
Fastener Type:		
Rigid Insulation:	Mfg:	Thickness:
Tapered Insulation:	Mfg:	Slope:
Cover Board:	Mfg:	Thickness:
Surfacing:		Metal Flashing Type:
Describe in detail the preparation and the installation procedure:		
Start Date:	Expected Completion Date:	Jobsite Contact:
<p>Contractor Certification: I affirm that the/this project has been/will be completed in accordance with the USP® TuffCap specifications and flashing details as set forth in the most recent USP® TuffCap Installation Manual. I understand that U.S. Ply is relying upon the above information and this affirmation in issuing its TUFFCAP MB Limited System Warranty.</p> <p>Certified Contractor Representative (print name): _____</p> <p>Signature x: _____ Phone: _____ Fax: _____</p> <p>Date: _____ Final Completion Date (if applicable): _____</p>		



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Indicate direction

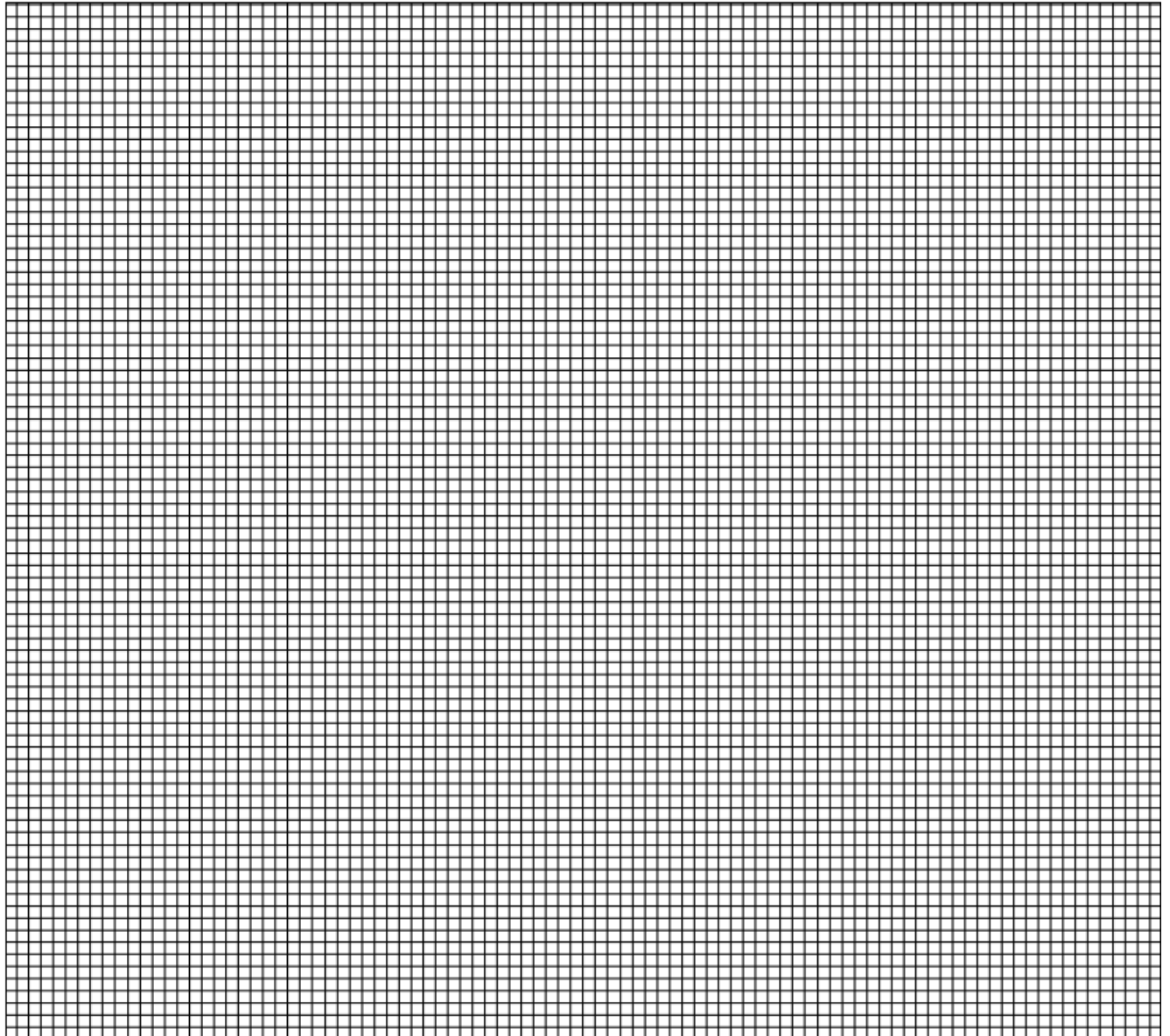
ROOF PLAN

Certified Roofing Contractor: _____

Project: _____

City: _____ State: _____

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



Comments:



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USP® TUFFCAP ROOF SYSTEM - PROJECT NOTICE OF COMPLETION

Date:	Project Reference #	Final Completion Date:	
Building Name:			
Address:	City:	State:	Zip:
Certified Roofing Contractor:			Cert #:
Address:	City:	State:	Zip:
Contact:	Phone:	Email:	

USP® TUFFCAP MB SYSTEM LIMITED WARRANTY ISSUANCE REQUEST

Contractor as a USP® Certified Contractor certifies that the project is complete and has been installed in accordance with current USP® TuffCap specifications/installation manual. Contractor understands that a final inspection may be made by U.S. Ply, Inc. or its designated representative, however; neither the roof inspection nor issuance of the limited warranty for this roof, relieves applicator of its obligation and responsibilities to perform our work in strict conformity to the procedures, specifications and recommendations detailed in the most recent USP® TuffCap Installation Manual. Contractor agrees that should final inspection discover any corrections that may be required that Contractor will be responsible to make all corrections in accordance with U.S. Ply requirements.

Certified Roofing Contractor Representative (print name): _____

Signature x: _____ Phone: _____ Fax: _____

Date: _____

ROOF SYSTEM FEE SCHEDULE

<input type="radio"/> \$190.00 for 10 Year Warranty	Amount Enclosed: <input type="radio"/> \$190.00 <input type="radio"/> \$500.00 <input type="radio"/> \$750.00
<input type="radio"/> \$500.00 for 15 Year Warranty	
<input type="radio"/> \$750.00 for 20 Year Warranty	Project Reference # is your invoice #: _____ <input type="radio"/> Check No.: _____ <input type="radio"/> Credit Card Payment (Attach payment authorization form)

CONTACT US

- All correspondence, forms and documentation addressed/sent to:

U.S. PLY, INC.
WARRANTY DEPARTMENT
P.O. BOX 11740
FORT WORTH, TX 76110
warranty@usply.com
Fax No. 817-413-8221

- For Technical questions, Limited Warranty Requirements or Status call TOLL FREE (866) PUSH-PLY (866-787-4759)



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One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize U.S. Ply Inc. to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize U.S. Ply Inc. to charge my credit card
(full name)

account indicated below for _____ on or after _____.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC) _____

TUFFCAP Project Reference # _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.