

Guarantee Proposal & Survey - Notice of Completion

Submit the copy 2 weeks before the start of job. Complete and sign backside of page 2 upon completion of job. Upon receipt of the completion notice (page 2), MB Technology will schedule inspections and issue warranty upon successful completion of project.

Size: _____(sq.)		Warrenty (Years) _____		Type: <input type="checkbox"/> NDL <input type="checkbox"/> M&W		Fee: \$ _____	
Job Name				Building Owner			
City		State		Zip		Phone:	
Specifier / Architect				Roofing Owner		No. _____	
City		State		Zip		Phone:	
Building Type	<input type="checkbox"/> Retail	<input type="checkbox"/> Office	<input type="checkbox"/> Industrial	<input type="checkbox"/> School	<input type="checkbox"/> Government	<input type="checkbox"/> Other	
Deck Type	<input type="checkbox"/> Steel: Gauge _____	<input type="checkbox"/> Light Concrete	<input type="checkbox"/> Poured Concrete	<input type="checkbox"/> Gypsum	<input type="checkbox"/> Precast Concrete	<input type="checkbox"/> Tecum (No M&W)	
	<input type="checkbox"/> Plywood	<input type="checkbox"/> Wood	<input type="checkbox"/> Wood	<input type="checkbox"/> Saw Tooth	<input type="checkbox"/> Structural Wood Fiber		
Slope	<input type="checkbox"/> 1/4"	<input type="checkbox"/> 1/2"	<input type="checkbox"/> 3/4"	<input type="checkbox"/> 1"	<input type="checkbox"/> 1.5"	<input type="checkbox"/> 2"	<input type="checkbox"/> 2.5" <input type="checkbox"/> _____
Roof Height	<input type="checkbox"/> 1 Story		<input type="checkbox"/> 2 Story		<input type="checkbox"/> Multi Story		
Roof Type	<input type="checkbox"/> Flat		<input type="checkbox"/> Dome				
Installaton	<input type="checkbox"/> New Construction		<input type="checkbox"/> Recovery		<input type="checkbox"/> Tear Off		
Vapor Retarder	<input type="checkbox"/> No <input type="checkbox"/> Yes		Type: _____				
Insulation	<input type="checkbox"/> No <input type="checkbox"/> Yes		Layers:		<input type="checkbox"/> One <input type="checkbox"/> Two		
Insulation Type	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Perlite		<input type="checkbox"/> Isocyanurate		<input type="checkbox"/> Urathane		<input type="checkbox"/> Composite <input type="checkbox"/> Wood Fiber
Attachment	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Mechanical Fastener		<input type="checkbox"/> Hot Asphalt		<input type="checkbox"/> Adhesive
Spec No.	_____						
Application	<input type="checkbox"/> Torch		<input type="checkbox"/> Cold Ahesive		<input type="checkbox"/> Asphalt		
Base Sheet	<input type="checkbox"/> LF25		<input type="checkbox"/> LF40		<input type="checkbox"/> Type II Base		<input type="checkbox"/> Inverted Cap <input type="checkbox"/> Venting Base
Interply	<input type="checkbox"/> LF25		<input type="checkbox"/> LF40		<input type="checkbox"/> LF60		<input type="checkbox"/> LF60P <input type="checkbox"/> SF160PSA <input type="checkbox"/> Type VI
Interply	<input type="checkbox"/> FT120GSA		<input type="checkbox"/> FT160CSA		<input type="checkbox"/> FT160GSA		<input type="checkbox"/> Other: _____
Interply	<input type="checkbox"/> LF25		<input type="checkbox"/> LF40		<input type="checkbox"/> LF60		<input type="checkbox"/> LF160P <input type="checkbox"/> SF160PSA <input type="checkbox"/> Type VI
Cap	<input type="checkbox"/> Other: _____		<input type="checkbox"/> FG90GWH		<input type="checkbox"/> FG160CWH		<input type="checkbox"/> FG160GWH <input type="checkbox"/> SC100WWH <input type="checkbox"/> SF160PWH-Premium 250
	<input type="checkbox"/> SF155PWH		<input type="checkbox"/> MF160WAL		<input type="checkbox"/> FT160CWH		<input type="checkbox"/> FGFT160CWH
Flashing	<input type="checkbox"/> Other: _____		<input type="checkbox"/> SF160PWH-Premium 250		<input type="checkbox"/> SF160PWH		<input type="checkbox"/> MF160WAL <input type="checkbox"/> FT160CWH <input type="checkbox"/> Other _____
Sufacing	<input type="checkbox"/> Granules		<input type="checkbox"/> Gravel		<input type="checkbox"/> IRMA		<input type="checkbox"/> Emulsion <input type="checkbox"/> Fibrated Aluminum <input type="checkbox"/> Coating
Recover information	<input type="checkbox"/> BUR		<input type="checkbox"/> Modified Bitumen		<input type="checkbox"/> Other: _____		
Existing Surface	<input type="checkbox"/> Smooth		<input type="checkbox"/> Gravel		<input type="checkbox"/> Cap Sheet (<input type="checkbox"/> Removed <input type="checkbox"/> Broomed)
Metal Flashing	<input type="checkbox"/> Reused In Good Condition		<input type="checkbox"/> Replaced				
Defects:	Cracks:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Method of Repair: _____		
	Blisters:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Method of Repair: _____		

Contractor Instructions:

Acceptance of this project by MB Technology is contingent upon conformity of job data, meeting requirements for the desired warrenty duration and complying to project details per MBT specifications. It is eligible contractor's responsibility to obtain specification deviation approval prior to start of job.

Roofing Contractor (Name - Title) _____

Signature _____

Date _____

