



Coating System – Pre-Inspection Warranty Form (PROJECT PHOTOS ARE REQUIRED WITH EACH APPLICATION)

A pre-notification form must be completed prior to job start to receive consideration for a warranty. Upon completion of the project, a job completion form must be completed and submitted to **MAIL@TRUCO-INC.COM**

Name of Building: _____ Telephone: _____

Current use of building: _____

Address of building: _____

City: _____ State: _____ Zip: _____

Owner: _____ Telephone: _____

Owner's address: _____

City: _____ State: _____ Zip: _____

Applicator: _____ Telephone: _____

Applicator's address: _____

City: _____ State: _____ Zip: _____

Type of Warranty: _____

This job pertains to:

Restoration

New Construction

Number of Existing Roofs

Type of Roof:

Metal Roof

Foam & Coatings

Single-Ply Roof

Asphalt Roof

Coatings over Foam

Coatings over Concrete

Building Structure:

Steel

Concrete

Wood

Other: _____

Size of Project:

Square Feet: _____ Building Age: _____ Building Height: _____



Fire Rating:

No Yes Type: _____

Roof Shape:

Flat Dome Arch Gable Gambrel
 Other _____ Slope _____

Roof Surface:

Built-Up (Gravel, Smooth) Modified Bit. (Granulated, Smooth)
 Metal Single-Ply (EPDM, CSPE, PVC)
 Other: _____

Annual Temperature range for building site area:

Minimum _____ °F Maximum _____ °F

Exterior Foundation:

Good Cracked
 Settling Other _____

Evidence of Movement of:

Bearing Wall Columns
 Floors No cracking/movement
 Other: _____

Extent of cracking: _____

Interior Humidity:

Yes No

Temperature:

Minimum _____ °F Maximum _____ °F

Leaks:

None Leaks every time it rains
 Leaks with continuous rain Leaks with strong winds & rain

Condensation:

Yes No



Moisture condition of the entire roof system:

Dry: _____ Wet _____

Moisture Detection method:

Core Samples Infra-Red Thermography Other _____

ATTACH A COPY OF THE MOISTURE SURVEY. FAILURE TO DETECT AND REMOVE WET INSULATION WILL VOID THIS WARRANTY.

Vapor Barrier present:

Yes No Condition: _____

Insulation:

Fiberglass Perlite Fiberboard
 Polystyrene Board Polystyrene-Isocyanurate Board
 Method of attachment: _____
 R-Value of existing system: _____

Interior Drains:

Yes No # of Drains: _____

Exterior Drains/Scuppers:

Yes No # of Drains/Scupper: _____

Condition of Drains:

Good Clogged
 Damaged/deteriorated Relocation to low area required

Does the water pond:

Yes No # of ponds: _____

Size of ponds:

Size of ponds: _____ Ft²
 Depth: _____ inches



Parapet walls:

Yes _____ No _____ Condition: _____
 Height: _____ Repair required, explain: _____

Skylights:

Yes _____ No _____ Condition: _____
 # of Skylights: _____ Repair required, explain: _____

Parapet Cap Flashing:

Yes _____ No _____ Condition: _____
 Repair required, explain: _____

Roof Protrusions:

Yes _____ No _____ # of Protrusions: _____
 Condition: _____ Repair required, explain: _____

Roof equipment curbs:

Yes _____ No _____ Condition: _____
 Repair required, explain: _____

Expansion of joints:

Yes _____ No _____ # of Joints: _____

Expansion covers:

Yes _____ No _____ Condition: _____
 Repair required, explain: _____

Estimated Date for installation to begin: _____

Estimated Job Completion Date: _____

What TRUCO COATINGS materials will be used for this job?

Acrylic _____ Silicone _____
 Polyurethane _____ Other _____



Please specify TRUCO Coatings products and quantity used for this job:

Products	Gallons
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Type of Warranty Requested: _____ Years: _____

Please attach any relevant supporting documents and submit completed Pre-Inspection Warranty Form to: **MAIL@TRUCO-INC.COM**.

To be warrantable, all roof installations must be made in complete compliance with TRUCO COATINGS sample design guidelines.

I certify that this project will be installed according to TRUCO COATINGS Sample Design Guidelines

Applicator Signature

Date