

INSTALLER CERTIFICATION REQUEST FORM



Company Name: _____ Contact: _____
Address: _____ Title: _____

Phone: _____

Fax: _____
Form Completed By: _____ Email: _____

1. How many years has this company been in business: _____
2. How many years has this company been installing **Standing Seam Roofing**: _____
3. What is the average number of **Standing Seam Roofing** projects installed per year: _____
4. Does this company have liability insurance coverage? Yes No
List insurance carrier and liability amount: _____
5. List any regional or national industry associations that this company is a member of: (ex. NRCA): _____
6. Is this company currently an approved installer for another manufacturer's standing seam roof product? Yes No
If yes, who's standing seam system? _____
7. Does this company have a written warranty that is provided to the building Owner addressing leakage concerns? Yes No
If yes, attach a copy of the warranty to this form.
8. List three (3) projects, completed successfully by this company, that have a **Standing Seam Roof**:

A. Project Name: _____
Project Location: _____
Name of Panel Installed: _____
Roof System Manufacturer: _____
Project Size in Square Feet: _____
Project Substructure and Slope: _____
Completion Date: _____
Project Owner Contact and Phone: _____
Architectural Firm: _____
Project Architect and Phone: _____
Project General Contractor: _____
GC Project Manager and Phone: _____
GC Project Superintendent: _____
This Company's Job Foreman: _____
This Company's Second Lead Man: _____

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B. Project Name: _____

Project Location: _____

Name of Panel Installed: _____

Roof System Manufacturer: _____

Project Size in Square Feet: _____

Project Substructure and Slope: _____

Completion Date: _____

Project Owner Contact and Phone: _____

Architectural Firm: _____

Project Architect and Phone: _____

Project General Contractor: _____

GC Project Manager and Phone: _____

GC Project Superintendent: _____

This Company's Job Foreman: _____

This Company's Second Lead Man: _____

C. Project Name: _____

Project Location: _____

Name of Panel Installed: _____

Roof System Manufacturer: _____

Project Size in Square Feet: _____

Project Substructure and Slope: _____

Completion Date: _____

Project Owner Contact and Phone: _____

Architectural Firm: _____

Project Architect and Phone: _____

Project General Contractor: _____

GC Project Manager and Phone: _____

GC Project Superintendent: _____

This Company's Job Foreman: _____

This Company's Second Lead Man: _____

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9. List the job foreman for Standing Seam Roof Projects: _____

10. Is this foreman approved to install another manufacturers standing seam system? Yes No

 If yes, who's standing seam system? _____

13. Number of years foreman has been installing this system: _____

14. Number of years of service with this company: _____

15. Number of years in current position with this company: _____

16. List second lead man for standing seam roof projects: _____

17. Number of years of service with this company: _____

18. Number of years in current position with this company: _____