

REQUIRED INFORMATION (ALL BLOCKS MUST BE FILLED OUT COMPLETELY)

OFFICE USE ONLY

PROFILE NUMBER
DATE RECEIVED
DOW POLYURETHANES REP
SUB-REP

- Instructions and Notes:**
- This Qualification Form **MUST** be filled out prior to the start of the job.
 - Please use a separate Qualification Form for each individual building.
 - 4' X 4' insulation boards maximum allowed unless otherwise approved.
 - Foil-faced polyisocyanurate is not compatible with Insta-Stik.
 - A pull test is required for all recover applications.
 - Lightweight Insulating Concrete is not compatible with Insta-Stik.
 - Poured concrete must be allowed to dry for at least 28 days.
 - Coal Tar Pitch is not compatible with Insta-Stik and must be removed from the deck as completely as possible.
 - Surface and ambient temperature must be 40F and rising.

Roofing Tech Support:
888.868.1183
www.flexibleproducts.com
 Fax both pages of this form to:
770.423.4395

DATE	JOB START DATE	FORM COMPLETED BY:
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PROJECT NAME	
CITY	STATE

BUILDING INFORMATION	
BUILDING HEIGHT	PARAPET WALL HEIGHT
DECK DIMENSIONS	DECK SQUARES

BUILDING OWNER		
OWNER		
ADDRESS		
CITY	STATE	ZIP CODE

TYPE OF APPLICATION	
<input type="checkbox"/> NEW	<input type="checkbox"/> REROOF (TEAR-OFF)
<input type="checkbox"/> RECOVER	<input type="checkbox"/> NON-ROOFING
<input type="checkbox"/> OTHER _____	
<i>If RECOVER, Check Type of BUR Surface:</i>	
<input type="checkbox"/> SMOOTH	
<input type="checkbox"/> GRAVELLED	
<input type="checkbox"/> COATED (SPECIFY) _____	

CONTRACTOR		
COMPANY NAME		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE () ()	FAX () ()	
CONTACT		

DECK SURFACE	
<input type="checkbox"/> GYPSUM	
<input type="checkbox"/> DENSDECK®	
<input type="checkbox"/> PRECAST CONCRETE	
<input type="checkbox"/> POURED CONCRETE	
<input type="checkbox"/> WOOD	
<input type="checkbox"/> CEMENTITIOUS WOOD FIBER	
<input type="checkbox"/> LIGHTWEIGHT STRUCTURAL CONC.	
<input type="checkbox"/> ___ ga. STEEL	<input type="checkbox"/> TYPE "A"
<input type="checkbox"/> PAINTED	<input type="checkbox"/> TYPE "B"
<input type="checkbox"/> GALVANIZED	<input type="checkbox"/> TYPE "F"
<input type="checkbox"/> OTHER _____	

NOTE: ONE BOX MUST BE CHECKED BELOW

Contractor affirms that the crew using Insta-Stik on this project is properly trained in handling, storage, and use.

Contractor requires job start up assistance and training on the proper use of Insta-Stik before this project begins.

DISTRIBUTOR		
COMPANY NAME		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE () ()	FAX () ()	
CONTACT		

LAYERS (PLEASE LIST MATERIAL TYPE, MANUFACTURER, AND THICKNESS FOR EACH LAYER THAT WILL BE ADHERED WITH INSTA-STIK)			
LAYER	BOARD/INSULATION TYPE	MANUFACTURER	THICKNESS
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

TOTAL APPLIED SQUARES (fill, crickets, etc):

SPECIFIER		
COMPANY NAME		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE () ()	FAX () ()	
CONTACT		

MEMBRANE	WARRANTY
MEMBRANE MFG	<input type="checkbox"/> 10-YEAR (no charge) <input type="checkbox"/> 15-YEAR (extra charge) <input type="checkbox"/> 20-YEAR (extra charge) <input type="checkbox"/> NON-WARRANTED <input type="checkbox"/> OTHER _____
SYSTEM NAME	

NOTES:



Flexible Products - OFFICE USE ONLY

- Approved as Noted NOT Approved as Noted
- 4' x 4' Insulation Board Warning on L.O.I.
- Dow representative must be present at job start.
- Pull Test Required
- Qualified Applicator (License # _____)

Comments: _____

Signature _____ Date _____

Area	Band	Rate	Sq. Feet	Units
Perimeter (1)		6" O.C.		
Perimeter (2)		6" O.C.		
Perimeter (3)		6" O.C.		
Field (1)	N/A			
Field (2)	N/A			
Warranty Cost: <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20			Units	
			X__ Layers	
			Units + 10%	
			Total Units	

Please sketch the roof layout and assembly profile below. Indicate parapet walls, slopes, walls, heights, and other additional information or submit a Roof Plan (mail to the address at the bottom of this page). For tapered insulation systems, please include insulation drawings.