



"The Restoration Company"
Restoration Solutions for Every Roof & Wall

STATEMENT OF COMPLETION

MEMBRANE SYSTEMS

CONTRACTOR INSTRUCTIONS

Technical Service Department • 2628 Pearl Road • Medina, OH 44256
Phone: 800-551-7081 • Fax: 800-382-1218

Thank you once again for selecting Republic products! Your cooperation in completing the attached paperwork is essential to close-out the project and to provide the necessary information to issue the correct warranty.

This Statement of Completion (SOC) document provides (1) notification of project completion, (2) request for inspection (if Material & Labor warranty required) and (3) warranty request. Your prompt attention in providing this information will assist us in timely processing of the project, avoid delays in material shipment and scheduling of requested Technical Service inspections. Please type or use a black or blue ink ball point pen to fill out this form providing for information to "copy" more clearly if transmittal is via fax.

NOTE: ACCURACY IS IMPORTANT WHEN COMPLETING THE SOC. THE WARRANTY WILL BE PRINTED USING THE INFORMATION AS SUBMITTED ON THIS FORM. Changes to a warranty after it is issued may incur a change fee.

STATEMENT OF COMPLETION / REQUEST FOR MATERIAL & LABOR WARRANTY

- < Mail or fax your signed SOC to Republic's Technical Service Department notifying us that the project is ready for inspection, as required for Material & Labor warranty issuance.

Note: The Republic job number, as shown on the *approved* NOA, along with the completion date must be included on the SOC. Before, during and after photographs must be forwarded to Republic prior to issuance of any warranty.

(Material Only warranties are issued upon receipt, review and approval of the order and NOA by Republic Technical Service.)

- < Material & Labor warranties require a final inspection and approval by Republic's Technical Service management. Upon final inspection approval the warranty will be issued and mailed within two weeks to Republic's representative for delivery.

NOTE: If faxed, **it is necessary** to mail copies of the SOC along with project photos.



MEMBRANE SYSTEMS

STATEMENT OF COMPLETION

Please fax & mail to:
2628 PEARL ROAD MEDINA, OH 44256
PHONE: 800-551-7081
FAX: 800-382-1218

FOR OFFICE USE ONLY:		FINAL APPROVAL: ___/___/___	BY: T/S INITIALS: _____	WARRANTY BILL #: _____	JOB #: _____
Representative:		Phone:	Fax:		
Contractor:					
Address:		Contact:			
City/State/Zip		Phone:	Fax:		
Building Owner:					Building Owner FM Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		Contact:			
City/State/Zip		Phone:	Fax:		
Architect:		Phone:	Fax:		
Project Name:					Age of Roof: ___ years
Address:		Contact:			
City/State/Zip		Phone:	Fax:		
Job Size: _____ Sq. Ft.	BUILDING DIMENSIONS (L X W) _____ X _____		COMPLETION DATE: ___/___/___		
Weather Conditions: (please check below)<					
	dry	damp	wet	low humidity	high humidity
24 hour period prior to application:					
During application:					
24 hour period following application:					
Did job proceed smoothly? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please explain? _____					
MATERIAL INFORMATION (select one - per Notice of Award)					
GEOFLEX PIB		Cooley C3		Cooley Ram	
<input type="checkbox"/> 85 mils <input type="checkbox"/> 100 mils		<input type="checkbox"/> 40 mils <input type="checkbox"/> 60 mils other _____		<input type="checkbox"/> 40 mils <input type="checkbox"/> 60 mils other _____	
		COLOR <input type="checkbox"/> white <input type="checkbox"/> other _____		COLOR <input type="checkbox"/> white <input type="checkbox"/> other _____	
WARRANTY SELECTION (select one)			If M/L warranty, warranty invoice #		
GEOFLEX WARRANTY REQUESTED (PER APPROVED NOTICE OF AWARD) SELECT ONE <input type="checkbox"/> 10 year Material Only (no charge) <input type="checkbox"/> 10 year Material & Labor (\$2.50 per square/\$250 min) <input type="checkbox"/> 15 year Material & Labor (\$5 per square/\$500 min) <input type="checkbox"/> 20 year Material & Labor (\$10 per square/\$1,000 min) * (*Contact Republic's Technical Department for special requirements.)			COOLEY C3 WARRANTY REQUESTED (PER APPROVED NOTICE OF AWARD) SELECT ONE <input type="checkbox"/> 10 year Material Only (no charge) <input type="checkbox"/> 10 year Material & Labor (\$2.50 per square/\$250 min) <input type="checkbox"/> 15 year Material & Labor (\$5 per square/\$500 min)		
Contractor must enclose before, during and after photographs, forwarding to Republic Powdered Metals, Inc. prior to issuance of a Material & Labor warranty.					
As a Republic registered contractor, we are responsible for our workmanship on this installation per the terms of the Registered Contractor Agreement. We hereby certify that we have completed this project in compliance with Republic's most current specifications for the installation of its Membrane System. The project has been preliminary inspected by our project superintendent and is deemed to be in warrantable condition. We agree to provide at our own expense, labor to inspect and repair all warrantable conditions covered by the installed Republic Product System during the first two (2), three (3) or five (5) years of the warranty and to indemnify Republic and hold Republic harmless of any and all costs, expenses and damages incurred by Republic as a result of the contractor's improper installation of the Republic Product System.					
Contractor Signature		Print Contractor Name		Date ___/___/___	