



Commercial Roofing Systems LIMITED MATERIAL WARRANTY REQUEST FORM



To obtain a limited warranty please provide the information requested below.
20-year material warranty approval is based on system or membrane qualification.

Type (check one)	Term (check one)	TopGard
<input type="checkbox"/> JM BUR <input type="checkbox"/> JM EPDM	<input type="checkbox"/> 10 year – \$100	<input type="checkbox"/> TopGard 4000 or 5000 – 5 year – \$50 (20 mil dry thickness)
<input type="checkbox"/> JM SBS <input type="checkbox"/> JM PVC	<input type="checkbox"/> 15 year – \$150	<input type="checkbox"/> TopGard 4000 or 5000 – 10 year – \$100 (30 mil dry thickness)
<input type="checkbox"/> JM APP <input type="checkbox"/> JM TPO	<input type="checkbox"/> 20 year – \$200	

BUR

Johns Manville Specification Used _____

Type of Base Sheet _____

Type of Cap Sheet/Surfacing _____

Number of Plies _____

Type of Ply Sheet _____

SBS/APP Modified Bitumen

Johns Manville Specification Used _____

Type of Base Sheet _____

Type of Cap Sheet/Surfacing _____

Number of Plies _____

Type of Ply Sheet _____

Application Method (check one)	Type of Membrane (check all that apply)		
<input type="checkbox"/> Ballasted	<input type="checkbox"/> JM EPDM 45 mil NR	<input type="checkbox"/> JM PVC 60 Fleece Backed	<input type="checkbox"/> JM TPO 45
<input type="checkbox"/> Adhered	<input type="checkbox"/> JM EPDM 60 mil NR	<input type="checkbox"/> JM PVC 80 Fleece Backed	<input type="checkbox"/> JM TPO 60
<input type="checkbox"/> Mechanically Fastened	<input type="checkbox"/> JM EPDM 90 mil NR	<input type="checkbox"/> JM PVC SD Plus 50	<input type="checkbox"/> JM TPO 80
	<input type="checkbox"/> JM EPDM 45 mil Reinforced	<input type="checkbox"/> JM PVC SD Plus 60	<input type="checkbox"/> JM TPO FB 115 (60 mil)
	<input type="checkbox"/> JM EPDM 60 mil Reinforced	<input type="checkbox"/> JM PVC SD Plus 80	<input type="checkbox"/> JM TPO FB 135 (80 mil)
	<input type="checkbox"/> JM EPDM 75 mil Reinforced		
	<input type="checkbox"/> JM PVC 50		
	<input type="checkbox"/> JM PVC 60		
	<input type="checkbox"/> JM PVC 80		

Project/Building Name _____

Street Address _____

City _____

State, Zip _____

Roofing Contractor _____

Street Address _____

City _____

State, Zip _____

Office Phone _____

Project/Building Owner _____

Street Address _____

City _____

State, Zip _____

Email _____

Completion Date _____

Total Squares _____

I certify that Johns Manville products were used on the above referenced project.

Please remit application and check payable to Johns Manville to:

Johns Manville
Guarantee Services
PO Box 625001
Littleton, CO 80162-5001

Phone: (800) 922-5922
E-mail: gsu@jm.com
www.jm.com/roofing

Signature of Roofing Contractor _____