



FOR ASSISTANCE: CALL AMB WARRANTY, INC., (AMB ®) 12460 CRABAPPLE RD. STE 202-374 ALPHARETTA, GEORGIA 30004 - Fax: 770-664-9607, - 1-800-527-6277 OR E-MAIL - cwbennett@ambwarranty.com OR cwb@ambwarranty.com OR cwbennettjr@ambwarranty.com

(TO OBTAIN AN APPROVED DWVNFPI ITQQHINSTALLER CERTIFICATION)

Application for Signature Installer Certification

Company Name: _____ Fed. I. D.# _____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

Applicants Social Security Number: ____ - ____ - ____ Fax: _____ Phone : _____

Representative's Name: _____ TITLE _____

BRANCH LOCATION: _____

City: _____ State: _____ Zip: _____ Phone: _____

of Years Applicant in Business: _____, # of year's customer of AMB: _____ OR NEW _____ YES

Number of Years Installing Metal (SSR) Roof Systems (3-year minimum): _____

Liability Insurance Carrier & Amount of Coverage: _____

(Attach copy of Certificate of Coverage)

Workers Compensation Carrier: _____

(Attach Copy of Certificate of Insurance)

Do you have a 2-year written company warranty? YES NO If yes please attaches copy. If not, will you provide AMB with one prior to the completion of any AMB Warranted project meeting AMB REQUIREMENTS?

Please list 5 successfully completed projects utilizing standing seam roof panels within the past 3 TO 5 years.

(Installer hereby grants AMB Warranty, Inc. authorization to contact any and all listed Owners or their representatives for information and evaluation of Applicants workmanship in regards to metal roof systems.)

Applicant hereby represents to AMB Warranty, Inc. that: 1) The applicant and his or its employer have experience as metal roof installers and have been for the prior 3 years from the date on this application. 2) The employer agrees to maintain in force all required General Liability insurance policies and all required workers compensation policies; 3) Applicant has not filed for bankruptcy.

All training courses will be for a minimum of one (1) day. Training will occur at a place to be determined by AMB, and the Applicant's job Supervisor and Employees must attend the prescribed course in full or applicant will not be awarded Signature Installer status by AMB. Applicant or employer agrees to absorb their costs for the training and to only pay AMB for any required Re-Training at a price to be agreed on and set forth at that time. Applicant or employer further agrees to pay for all transportation cost to and from the training location as well as living expenses while in attendance. AMB strives to have the training conducted at the Job-Site whenever possible.

PROJECTS

First:

Project Name: _____

Project Location: _____

Type of roof Panel: _____

Panel Manufacturer: _____

Total Project Square footage: _____ Roof Slope: _____

Completion Date: _____

Owner Contact: _____ Phone: _____

Architectural Firm: _____

Project Architect: _____ Phone: _____

General Contractor: _____

General Contractor Project Mgr.: _____ Phone: _____

Installer and Installer's Supervisor: _____

Second:

Project Name: _____

Project Location: _____

Type of roof Panel: _____

Panel Manufacturer: _____

Total Project Square footage: _____ Roof Slope: _____

Completion Date: _____

Owner Contact: _____ Phone: _____

Architectural Firm: _____

Project Architect: _____ Phone: _____

General Contractor: _____

General Contractor Project Mgr.: _____ Phone: _____

Installer and Installer's Supervisor: _____

Third:

Project Name: _____

Project Location: _____

Type of roof Panel: _____

Panel Manufacturer: _____

Total Project Square footage: _____ Roof Slope: _____

Completion Date: _____

Owner Contact: _____ Phone: _____

Architectural Firm: _____

Project Architect: _____ Phone: _____

General Contractor: _____

General Contractor Project Mgr.: _____ Phone: _____

Installer and Installer's Supervisor: _____

OPTIONAL TO FILL OUT FOURTH

FOURTH:

Project Name: _____

Project Location: _____

Type of roof Panel: _____

Panel Manufacturer: _____

Total Project Square footage: _____ Roof Slope: _____

Completion Date: _____

Owner Contact: _____ Phone: _____

Architectural Firm: _____

Project Architect: _____ Phone: _____

General Contractor: _____

General Contractor Project Mgr.: _____ Phone: _____

Installer and Installer's Supervisor: _____

OPTIONAL TO FILL OUT FIFTH:

FIFTH:

Project Name: _____

Project Location: _____

Type of roof Panel: _____

Panel Manufacturer: _____

Total Project Square footage: _____ Roof Slope: _____

Completion Date: _____

Owner Contact: _____ Phone: _____

Architectural Firm: _____

Project Architect: _____ Phone: _____

General Contractor: _____

General Contractor Project Mgr.: _____ Phone: _____

Installer and Installer's Supervisor: _____

ACKNOWLEDGEMENT:

Company Title: _____

Owner's Name and Title: _____

Location: _____

Authorized Signature: _____

If Authorized Signature is different from the Owner, Please attach the Owner's signed authorization to act for the company, and Sealed. .

Print the Authorized Signature: _____

Title: _____ If in a different company, give the name and address of the company.

Company Name: _____ Address: _____

Date: _____ Provide Corporate SEAL

CORPORATE

SEAL