



Thermoplastic Single Ply and Multi-Ply Roofing Systems

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APPLICATOR APPROVAL REQUEST FORM

Business Name _____

Mailing Address _____ City _____ State _____

Shipping Address _____ Zip Code _____

Telephone () _____ - _____ Fax () _____ - _____ Years in Business _____

PRIMARY MANAGEMENT PERSONNEL & JOB TITLES:

NAME

TITLE

TYPE OF ROOFING PERFORMED:

THERMOPLASTIC: _____% TOTAL SQ/FT OF THERMOPLASTIC ROOFING INSTALLED IN LAST BUSINESS YEAR _____

EPDM: _____% MODIFIED: _____% BUR _____% OTHER: _____%

General Vicinity of Operations: _____ # of Employees _____

Certified By Which Thermoplastic or other Roofing Manufacturers: _____

Agent You Use To Purchase FLEX Roofing Materials: _____

LIST THREE REFERENCES ON PAST WORK PERFORMANCES PREFERABLY THERMOPLASTIC SINGLE PLY ROOF SYSTEMS:

1) Name of Project: _____ Name of Contact: _____
Address: _____ Phone #: _____
System Type: _____ Size: _____ Date: _____

2) Name of Project: _____ Name of Contact: _____
Address: _____ Phone #: _____
System Type: _____ Size: _____ Date: _____

3) Name of Project: _____ Name of Contact: _____
Address: _____ Phone #: _____
System Type: _____ Size: _____ Date: _____

Signature & Title of Roofing Contractor _____ Date _____

Flex Authorized Approval: _____