

**JOHNS MANVILLE ROOFING SYSTEMS
LIMITED MATERIAL WARRANTY REQUEST FORM**



To obtain a limited warranty please provide the information requested below.

20 year material warranty approval based on system or membrane qualification.

Type: Please check one

Term: Please check one

JM BUR ___	10 year ___	\$100	TopGard® 4000 or 5000	5 year ___	\$50
JM SBS ___			(20 mil dry thickness)		
JM APP ___	15 year ___	\$150			
JM EPDM ___			TopGard® 4000 or 5000	10 year ___	\$100
JM PVC ___	20 year ___	\$200	(30 mil dry thickness)		
JM TPO ___					

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 _____

Circle all that apply:

Application Method

Ballasted
 Adhered
 Mechanically Fastened

Type of Membrane

EPDM 0.045
 EPDM 0.060
 EPDM 0.090

JMPVC 50

JMPVC 60
 JMPVC 80
 JMPVC 50 Fleece Back
 JMPVC 60 Fleece Back
 JMPVC 80 Fleece Back

JMTPO 45

JMTPO 60
 JMTPO 80
 JM TPO 115 (60mil Fleece Back)
 JM TPO 135 (80mil Fleece Back)

Project/Building Name _____

Street Address _____

City _____

State, Zip _____

Project/Building Owner _____

Street Address _____

City _____

State, Zip _____

Roofing Contractor _____

Street Address _____

City _____

State, Zip _____

Office Phone _____

Fax _____

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