



## SIKALASTIC ROOFCOAT NOTICE OF AWARD (NOA) Metal and Recover Systems

**\*SUBMIT ROOF PLANS, WITH THE EXISITING ROOF ASSEMBLY NOTED\***

**\*SUBMIT INFRA-RED MOISTURE SCAN FOR EXISTING INSULATED ROOF ASSEMBLIES\***

<b>I. PROJECT</b>			
Project Name: Click here to enter text.			
Roof Area 1 Name: Click here to enter text.			
Roof Area 2 Name: Click here to enter text.			
Roof Area 3 Name: Click here to enter text.			
Address: Click here to enter text.			
City: Click here to enter text.		Province: Select	P.C. Click here to enter text.
<b>II. BUILDING OWNER</b>			
Name: Click here to enter text.			
Address: Click here to enter text.			
City: Click here to enter text.		Province: Select	P.C. Click here to enter text.
Contact Person: Click here to enter text.		Tel: Click here to enter text.	Email: Click here to enter text.
<b>III. DESIGNER / SPECIFIER</b>			
Name: Click here to enter text.			
Address: Click here to enter text.			
City: Click here to enter text.		Province: Select	P.C. Click here to enter text.
Contact Person: Click here to enter text.		Tel: Click here to enter text.	Email: Click here to enter text.
<b>IV. AUTHORIZED APPLICATOR</b>			
Name: Click here to enter text.			
Address: Click here to enter text.			
City: Click here to enter text.		Province: Select	P.C. Click here to enter text.
Contact Person: Click here to enter text.		Tel: Click here to enter text.	Email: Click here to enter text.
<b>V. OTHER</b>			
1. Building Usage: Select		2. Roof Access: Select	
<b>VI. PROJECT INFORMATION</b>			
	Roof Area 1	Roof Area 2	Roof Area 3
1. Anticipated Start Date:	Click here to enter text.	Click here to enter a date.	Click here to enter a date.
2. System:	Select	Select	Select
3. Total Sqft. (include flashings):	Click here to enter text.	Click here to enter text.	Click here to enter text.
4. Warranty Type:	Select	Select	Select
5. Warranty Length:	Select	Select	Select
<b>VII. ROOFCOAT MEMBRANE INFORMATION</b>			
1. Base Coat: a. Thickness Wet (mils):	Select	Select	Select
b. Colour:	Select	Select	Select
2. Top Coat: a. Thickness Wet (mils):	Select	Select	Select

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b. Colour:	Select	Select	Select
3. Primer:	Select	Select	Select
4. Joint Reinforcement:	Select	Select	Select
<b>VIII. ROOFCOAT METAL RECOVER</b>			
1. Membrane Substrate:	Select	Select	Select
2. Substrate Thickness:	Click here to enter text.	Click here to enter text.	Click here to enter text.
<b>IX. ROOFCOAT RECOVER (EXISTING MEMBRANE IS TO BE FULLY ADHERED)</b>			
1. Existing Membrane:	Select	Select	Select
a. If other please describe	Click here to enter text.	Click here to enter text.	Click here to enter text.
<b>X. OTHER INFORMATION</b>			
Click here to enter text.			
For Sika Canada Use Only	Date Received:	Click here to enter a date.	Project #:
			Click here to enter text.