



SIKALASTIC ROOFPRO NOTICE OF AWARD (NOA) Recover Systems

SUBMIT ROOF PLANS, WITH THE EXISTING ROOF ASSEMBLY NOTED
SUBMIT INFRA-RED MOISTURE SCAN FOR EXISTING INSULATED ROOF ASSEMBLIES

I. PROJECT			
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.
II. BUILDING OWNER			
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.	
III. DESIGNER / SPECIFIER			
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.	
IV. AUTHORIZED APPLICATOR			
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.	
V. OTHER			
1. Building Usage: Select		2. Roof Access: Select	
VI. PROJECT INFORMATION			
	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
VII. ROOFPRO MEMBRANE INFORMATION			
1. Base Coat: a. Thickness Wet (mils):	Select	Select	Select
b. Colour:	Select	Select	Select
2. Intermediate Coat: a. Thickness Wet (mils):	Select	Select	Select
b. Colour:	Select	Select	Select

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3. Top Coat: a. Thickness Wet (mils):	Select	Select	Select
b. Colour:	Select	Select	Select
4. Membrane Reinforcement:	Select	Select	Select
5. Primer:	Select	Select	Select
6. Joint Reinforcement:	Select	Select	Select
VIII. COVERBOARD LAYER (MAY BE ADHERED IF NEW INSULATION IS INCLUDED AND MECHANICALLY ATTACHED)			
1. Type:	Select	Select	Select
2. Size:	Select	Select	Select
3. Mechanical Securement – Fastener & Plates:	Fastener: Select Plate: Select	Fastener: Select Plate: Select	Fastener: Select Plate: Select
4. Fastener per 4ft.x8ft. Board: Field / Perimeter / Corner	F: Select P: Select C: Select	F: Select P: Select C: Select	F: Select P: Select C: Select
5. Adhesive Securement:	Select	Select	Select
6. Adhesive Application Rate: Field / Perimeter / Corner	F: Select P: Select C: Select	F: Select P: Select C: Select	F: Select P: Select C: Select
IX. INSULATION ASSEMBLY			
1. Type & Attachment	Type: Select Attachment: Select	Type: Select Attachment: Select	Type: Select Attachment: Select
2. Manufacturer (if not Sika)	Click here to enter text.	Click here to enter text.	Click here to enter text.
3. Size & Thickness:	Size: Select Thickness: Select	Size: Select Thickness: Select	Size: Select Thickness: Select
4. Mechanical Securement – Fastener & Plates:	Fastener: Select Plate: Select	Fastener: Select Plate: Select	Fastener: Select Plate: Select
5. Fastener per 4ft.x8ft. Board: Field / Perimeter / Corner	F: Select P: Select C: Select	F: Select P: Select C: Select	F: Select P: Select C: Select
7.			
X. ROOFPRO RECOVER (EXISTING MEMBRANE TO BE FULLY ADHERED UNLESS A COVER BOARD IS INCLUDED)			
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.
2. Insulation:	Select	Select	Select
3. Vapour Retarder:	Select	Select	Select
4. Deck Type:	Select	Select	Select
5. Deck Thickness:	Select	Select	Select
6. Pull Test Performed:	Select	Select	Select
7. Pull Test Value:	Click here to enter text.	Click here to enter text.	Click here to enter text.
XI. OTHER INFORMATION			
Click here to enter text.			
For Sika Canada Use Only	Date Received:	Click here to enter a date.	Project #:
			Click here to enter text.

**BUILDING TRUST
CONSTRUIRE LA CONFIANCE**



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