



APPLICATION FOR APPROVED APPLICATOR STATUS

Who is a TRESKO Approved Applicator?

- The Applicator has the experience, a commitment to quality and willingness to consistently install TRESKO materials and systems that meets or exceeds TRESKO standards.
- The Applicator has an industry history that consistently exceeds high quality: workmanship, integrity, customer service and business practice.
- The Applicator has a history of financial stability, obvious excellence in business management and strategic approach for long term success.

Acceptance Criteria: The Approved Applicator, in the opinion of TRESKO, must meet the following criteria in order to maintain their approved status:

- Have a history of financial stability, innovation and growth.
- Be an industry leader with an excellent reputation among industry constituents.
- Have a consistent record of meeting and exceeding application standards of the same or similar type materials.
- Must have up to date roofing contractor license, workman's comp and liability insurance.
- Is an active member in a roofing industry organization such as: NRCA, WSRCA, RCA etc.

Please submit the following Company information:

Company Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

License Number: _____



Please include the following with this application:

- Financial Statement
- Bonding company:
- Bond rate:
- Copy of current insurance certificate - Workman's Compensation and General Liability

Experience with TRESKO or similar type materials:

Three supplier and contractor references:

Company Name: _____
 Contact Person: _____
 Address: _____
 Phone Number: _____
 Fax Number: _____

Company Name: _____
 Contact Person: _____
 Address: _____
 Phone Number: _____
 Fax Number: _____

Company Name: _____
 Contact Person: _____
 Address: _____
 Phone Number: _____
 Fax Number: _____

Five completed projects as references:

Company name: _____
 Contact person: _____
 Description of system: _____
 Date completed: _____ Size: _____
 Address: _____

 Phone number: _____ Fax number: _____



Company name: _____
 Contact person: _____
 Description of system: _____
 Date completed: _____ Size: _____
 Address: _____

Phone number: _____ Fax number: _____

Company name: _____
 Contact person: _____
 Description of system: _____
 Date completed: _____ Size: _____
 Address: _____

Phone number: _____ Fax number: _____

Company name: _____
 Contact person: _____
 Description of system: _____
 Date completed: _____ Size: _____
 Address: _____

Phone number: _____ Fax number: _____

Company name: _____
 Contact person: _____
 Description of system: _____
 Date completed: _____ Size: _____
 Address: _____

Phone number: _____ Fax number: _____

I submit the above information in request for Approved Applicator status with TRESKO.
 I agree to meet TRESKO standards for application of materials on projects involving
 TRESKO warranties.

Signature _____
 Company Owner or Officer

Title _____

Date _____