

SOPRANATURE WARRANTY FORM



Reference number :

Part 3: Pre-Approval Notification

(to be jointly submitted with the PLATINUM WARRANTY REQUEST, a minimum of two weeks prior to installation start date to your local Soprema Office)

Section 3.1: Project information	
Projet name:	
Roof area:	m ² : <input type="checkbox"/> ft ² : <input type="checkbox"/> Project start date:
Section 3.2 : Roofing system	
Slope %:	
System type: Conventional: <input type="checkbox"/> Inverted: <input type="checkbox"/>	
Sopranature system: Extensive : <input type="checkbox"/> Semi-intensive: <input type="checkbox"/> Intensive: <input type="checkbox"/> Modular : <input type="checkbox"/>	
SOPRANATURE component (s)	Product name
Root barrier	
Drainage board*	
Filter cloth	
Capillary mat	
Growing medium**	
* For conventional roofing systems with slope greater than 5 %, use SOPRADRAIN GEO-M drainage board.	
** Specified a slope stabilizer when the slope is greater than 30 %.	

Section 3.3: Contractor		
Name:		
Address:		
City:	Province:	Postal code:
Telephone:	Fax:	
Name of SOPRANATURE applicator related to the project:		
Materials purchased at:		

Section 3.4: Approval (*to be completed by the Technical Department ONLY**)	
Approved as submitted: <input type="checkbox"/>	Non-acceptable as submitted: <input type="checkbox"/> BD: <input type="checkbox"/>
Standard: <input type="checkbox"/>	Privileged: <input type="checkbox"/>
Notes :	
Signature:	Date: