

AUTHORIZED APPLICATOR APPLICATION FORM

EcoStar LLC Gold Star Limited Labor & Material Warranty is offered and provided only through EcoStar Gold Star Authorized Applicators. An applicator must be trained and authorized prior to completion of any Gold Star warranted projects. For specifics on the EcoStar Gold Star Limited Labor & Material Warranty contact the Technical Department of EcoStar.

AUTHORIZATION PROCESS

This form must be filled out completely and signed by an authorized employee of the applicator. All information is subject to verification, so it is important that all information be accurate. Missing or inaccurate information will cause delays in the processing of the application.

Applicator must be a licensed contractor (within appropriate jurisdiction) and must have been in business a minimum of two (2) years.

All applications must be signed by an agent of an authorized EcoStar sales representative.

Applicator must sign the Authorized Applicator agreement, which requires that they install all EcoStar products per EcoStar's written specifications and installation guidelines. Furthermore, the applicator agrees to be responsible for any corrections or changes necessary to meet EcoStar's written specifications and installation guidelines.

The completed and signed form is **mailed** to the technical department at EcoStar.

Contractor must receive either EcoStar's classroom training or project site training. Classroom training is scheduled at the request of the applicant contractor. Project site training may be scheduled at any time. Classroom training is scheduled for up to an entire day. Project site training can take from 4-8 hours. Contact the technical department for all scheduling.

Note: Project site training will not be scheduled unless a PRE-PROJECT SURVEY has been completed, submitted to the technical department, and a project number has been assigned.

A certificate showing the completion of training and the authorization of the applicator will be forwarded to the applicator. This certificate signifies the completion of training and authorization. The applicator will then be authorized to receive EcoStar Gold Star Warranties.

COSTS

All EcoStar Warranties are provided free of charge, but all technical support will be invoiced at the following rates:

Applicator Training - Classroom/onsite \$ 500 REQUIRED TO BE AN AUTHORIZED APPLICATOR.
Classroom training is only performed on a scheduled basis. Contact the Technical Department for training schedule.

Project Site Applicator Training \$ 500 per visit. REQUIRED IF CLASSROOM HAS NOT BEEN COMPLETED.

Architectural Project Site Inspection \$ 400 per project & visit.

Warranty Inspection Fee \$ 0.10 per square foot with a \$500 minimum.

REQUIRED PRIOR TO WARRANTY ISSUANCE

DATE REVIEWED:

BY:

AUTHORIZED APPLICATOR #:

APPLICATOR COMPANY NAME

MAILING
ADDRESS
CITY STATE ZIP CODE

SHIPPING
ADDRESS
CITY STATE ZIP CODE

LICENSE
CONTRACTOR LICENSE NUMBER STATE ISSUED

COMMUNICATION
OFFICE TELEPHONE NUMBER OFFICE FAX NUMBER
COMPANY E-MAIL ADDRESS WEB SITE ADDRESS
MAIN CONTACT NAME
TITLE DAY TIME TELEPHONE & EXTENSION
CELLULAR NUMBER PAGER NUMBER
SECONDARY CONTACT NAME
TITLE DAY TIME TELEPHONE & EXTENSION
CELLULAR NUMBER PAGER NUMBER

GENERAL INFORMATION
YEARS IN BUSINESS: [] EMPLOYEES: (HIGH SEASON) [] OUTSIDE SALES PEOPLE: []
PLEASE INDICATE WHAT THE PERCENTAGE OF YOUR BUSINESS IS BY CATEGORY:
RESIDENTIAL [] COMMERCIAL [] INSTITUTIONAL [] INDUSTRIAL []
PLEASE INDICATE TOTAL NUMBER OF SQUARES THAT WERE INSTALLED LAST YEAR FOR EACH CATEGORY
ASPHALT SHINGLES [] NATURAL CEDAR SHAKES [] IMITATION CEDAR [] NATURAL SLATE [] IMITATION SLATE []
METAL [] STANDING SEAM [] CLAY TILE []

Please provide us with four Projects that have been successfully completed within the last two years.

1
PROJECT NAME
CITY STATE ZIP CODE
DATE COMPLETED PROJECT SIZE IN SQUARES
MANUFACTURER PRODUCT NAME
BUILDING OWNER NAME TELEPHONE NUMBER

3
PROJECT NAME
CITY STATE ZIP CODE
DATE COMPLETED PROJECT SIZE IN SQUARES
MANUFACTURER PRODUCT NAME
BUILDING OWNER NAME TELEPHONE NUMBER

2
PROJECT NAME
CITY STATE ZIP CODE
DATE COMPLETED PROJECT SIZE IN SQUARES
MANUFACTURER PRODUCT NAME
BUILDING OWNER NAME TELEPHONE NUMBER

4
PROJECT NAME
CITY STATE ZIP CODE
DATE COMPLETED PROJECT SIZE IN SQUARES
MANUFACTURER PRODUCT NAME
BUILDING OWNER NAME TELEPHONE NUMBER

APPLICATOR
AUTHORIZED REPRESENTATIVE NAME (PRINT) TITLE
SIGNATURE DATE

SALES REP.
SALES REP.
CITY STATE ZIP CODE
PRINT NAME SIGNATURE DATE