IB Roof Systems Warranty Transfer Form

Thank you for using this form to transfer the limited warranty on your building. This form must be completed and submitted to the IB Roof Systems Warranty Department along with the transfer fee as designated below.

IBRS Warranty #:	Building Name	:		
Installation Date: Warranty Transfer Period:				
	Installing Contr	ractor:		
Mail to: IB Roof Systems Attn: Warranty Administrator 506 East Dallas Rd. Suite #300 Grapevine, TX 75061				
Original Warranty Type: (Please	check one box only.)			
'Lifetime Residential Warranty	' transfer fee \$250			
'Commercial Material Warrant	y' transfer fee \$250			
Garanty Plus' transfer fee \$2	250			
Galary Contract Contr	fer fee \$750 (\$500 Requi	red Inspection Fee & \$250	Transfer Fee)	
General Information (Please che	eck the boxes that apply.)			
I am the interview / interview ov	11.57	na		
There are no known repairs o Divison-7 Specification Manual	r modifications to the bui	-	eted in accordance w	ith the IB Roof Systems
A roof inspection 🖵 has / 🖵 has	not been conducted by a	an approved IBRS represer	ntative within the pas	t 90 days
Loortify the above information	is true and accurate			
I certify the above information Print Name (Previous Owner/Age				
Signature:				
Ownership Transfer Date:		Dale		
Print Name (New Owner/Agent): Signature:				
		Dale		
New information to be on the t	ransferred warranty:			
Building Name:		Owner Name:		
Mailing Address:		City:	State:	Zip:
Phone Number:		EMAIL ADDRESS:		
IB Roof Systems reserves the right to cono system that are not in compliance with IBR				
For Accounting Use Only				
Check #	Date Received:			

] IB Roof Systems™

Amount: ______ Initials: _____

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