

## 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 including tax (if applicable) as designated below.

IBRS Warranty #: \_\_\_\_\_ Building Name: \_\_\_\_\_

Building Installation Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Installation Date: \_\_\_\_\_ Warranty Transfer Period: \_\_\_\_\_

Installing Contractor: \_\_\_\_\_

**Mail to: (Please include a copy of your warranty document)**

IB Roof Systems  
Attn: Warranty Administrator  
506 E. Dallas Rd #300  
Grapevine, TX 76051

**Original Warranty Type:** (Please check one box only.) **Note:** Tax may be applicable in your state. Please include tax based on the fee below to avoid unnecessary delay in processing your requests.

Residential Material Warranty transfer fee \$250

Commercial Material Warranty transfer fee \$250

Coating Material Warranty transfer fee \$250

Warranty Plus transfer fee \$250

Total System Warranty transfer fee \$750 (\$500 Required Inspection Fee & \$250 Transfer Fee)

**General Information (Please check the boxes that apply.)**

I am the \_\_\_\_\_ new / \_\_\_\_\_ previous owner of the referred building

There are no known repairs or modifications to the building that were not completed in accordance with the IB Roof Systems Specification Manual.

This roof currently has active leaks / This roof does not currently have active leaks

A roof inspection has / has not been conducted by an approved IBRS representative within the past 90 days.

**I certify the above information is true and accurate.**

Print Name (Previous Owner/Agent): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ownership Transfer Date: \_\_\_\_\_

Print Name (New Owner/Agent): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**New information to be on the transferred warranty:**

Building Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**(Warranty document(s) will be emailed to this address)**

IB Roof Systems reserves the right to conduct an inspection of the existing roof system prior to the new warranty issuance. If there are deficiencies or other items with the roofing system that are not in compliance with IBRS specifications, IBRS may require the items to be corrected and may invoice the building owner for the cost of the repairs.

**For Accounting Use Only**

Check #: \_\_\_\_\_ Invoice #: \_\_\_\_\_

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Initials: \_\_\_\_\_