



# Application to Become a Seaman Corporation Authorized Applicator

Form Revised: March 14, 2023

## I. Company Information (The Company)

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street/P.O.

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

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

## II. Company Contact(s)

### Primary Contact (re: technical updates/ marketing/ etc...)

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

email: \_\_\_\_\_

Please list all persons or entities having an ownership interest in the entity listed above, and set forth the amount of interest.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

email: \_\_\_\_\_ Ownership Interest: \_\_\_\_\_

.....  
Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

email: \_\_\_\_\_ Ownership Interest: \_\_\_\_\_

.....  
Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

email: \_\_\_\_\_ Ownership Interest: \_\_\_\_\_

.....  
Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

email: \_\_\_\_\_ Ownership Interest: \_\_\_\_\_

### III. Company Details

#### Company Commercial Roofing Experience:

Year Business was Founded: \_\_\_\_\_

\_\_\_\_\_ Years of Experience with Thermoplastic Roof Membrane Systems

\_\_\_\_\_ Years of Experience with Modified Bitumen Systems

#### Number of Personnel by Position:

\_\_\_\_\_ Sales \_\_\_\_\_ Estimators

\_\_\_\_\_ Foremen \_\_\_\_\_ Roof Mechanics / Installers \_\_\_\_\_ Installation Crews

\_\_\_\_\_ Other – Please describe: \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| ▶ Does the Company have a written safety program?   | Yes | No |
| ▶ Does the Company have a Safety Manager?   | Yes | No |
| ▶ Does the Company have written quality control program?  | Yes | No |
| ▶ Does the Company have a Quality Assurance Manager?  | Yes | No |
| ▶ Is the Company bonded and fully insured?  | Yes | No |
| ▶ Are all projects managed with full-time on site supervision?  | Yes | No |
| ▶ Does The Company subcontract work to other roofing companies /roof mechanics /installers?                   | Yes | No |
| If "Yes": ▶ What percentage of roof projects are installed by subcontractors? _____%                          |     |    |
| ▶ Please provide a brief description (below) of how the company manages subcontractors work, quality control. |     |    |

▶ Market Area(s) served: \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| ▶ Does the Company have a 24-hour contact for project in-progress on-site issues, such as overnight rainstorm leaks? | Yes | No |
|--|-----|----|

#### IV. Company History

During the past five years:

- ▶ Has the company failed to complete any contracts? Yes    No  
If yes, please provide a brief explanation below.

- ▶ Does the company have any judgments, claims, or suits pending or outstanding? Yes    No  
If yes, please provide a brief explanation below.

- ▶ Has the company ever been involved in any bankruptcy or reorganization proceedings? Yes    No  
If yes, please provide a brief explanation below.

- ▶ Has the company done business under a different name. ? Yes    No  
If yes, please provide a brief explanation of why the name was changed.

Identify all other roofing manufacturers the company is currently approved by or represented:

Manufacturer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. References**

Provide three Customer References for Seaman Corporation to contact:

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
Street/P.O.

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

**Contact:** \_\_\_\_\_ Name **Telephone Number:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Type of System Installed** \_\_\_\_\_ **ft<sup>2</sup>** \_\_\_\_\_ **Approximate Value \$** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
Street/P.O.

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

**Contact:** \_\_\_\_\_ Name **Telephone Number:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Type of System Installed** \_\_\_\_\_ **ft<sup>2</sup>** \_\_\_\_\_ **Approximate Value \$** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
Street/P.O.

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

**Contact:** \_\_\_\_\_ Name **Telephone Number:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Type of System Installed** \_\_\_\_\_ **ft<sup>2</sup>** \_\_\_\_\_ **Approximate Value \$** \_\_\_\_\_

**VI. Petition**

**State the reason why The Company desires to be an Authorized Applicator of Seaman Corporation’s FiberTite Roof System materials:**

**You must also complete the On-Line Credit Application with this form. The On-Line Credit Application can be found on Seaman Corporation’s website at [www.SeamanCorp.com](http://www.SeamanCorp.com).**

Unless other arrangements are made, a corporation or other legal entity that has an interest in one more other companies seeking to be applicators, must submit a separate application for each legal entity or company seeking to be an Authorized Applicator.

To seek approval of other arrangements for doing so, please contact Vice President/General Manager of FiberTite at **Seaman Corporation, 1000 Venture Blvd., Wooster, Ohio 44691, telephone (330) 262-1111.**

**I understand that the information provided above and the documents attached hereto is true and accurate to the best of my knowledge.**

**(Owner) Print Name:** \_\_\_\_\_

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