



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: _____ DUNS #: _____

Website: _____ FiberTite Sales Rep (Name): _____

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 written safety program? | Yes | No |
| ▶ Does the Company have a Safety Manager? | Yes | No |
| ▶ Does the Company have a 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: _____ Telephone Number: _____ email: _____

Name

Type of System Installed _____ ft² _____ Approximate Value \$ _____

Business Name: _____

Business Address: _____

Street/P.O.

City

State

Zip

Contact: _____ Telephone Number: _____ email: _____

Name

Type of System Installed _____ ft² _____ Approximate Value \$ _____

Business Name: _____

Business Address: _____

Street/P.O.

City

State

Zip

Contact: _____ Telephone Number: _____ email: _____

Name

Type of System Installed _____ ft² _____ 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.

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: _____