

EcoStar[™] LLC Training Report

Training Location (select one) On-site Training In-shop Training

APPLICATOR

Date: _____ Pending GSA Number: _____

Applicator Company Name

Address

City

State

Zip Code

Primary Contact

Title

Telephone

E-mail Address

Secondary Contact

Title

Telephone

E-mail Address

JOB INFORMATION

Job Name

Job Number

Address

City

State

Zip Code

Building Owner Representative if Present

Title

PROJECT MATERIAL INFORMATION

Deck Type: _____ Thickness: _____

If the original Deck has been Covered Provide the Type and Thickness of the New Deck Surface

Underlayment Type: _____ Brand: _____

Nail Type: _____ Length: _____ Brand: _____

Type of Metal Flashing: _____ Brand: _____

Type of Ridge Vent: _____ Brand: _____