



## AUTHORIZED APPLICATOR APPLICATION FORM

**EcoStar LLC Gold Star Limited Labor & Material Warranty is offered and provided only through EcoStar Gold Star Authorized Applicators. An applicator must be trained and authorized prior to the start of any Gold Star warranted projects. For specifics on the EcoStar Gold Star Limited Labor & Material Warranty contact the Technical Department of EcoStar.**

### AUTHORIZATION PROCESS

This form must be filled out completely and signed by an authorized employee of the applicator. All information is subject to verification, so it is important that all information be accurate. Missing or inaccurate information will cause delays in the processing of the application.

Applicator must be a licensed contractor (within appropriate jurisdiction) and must have been in business a minimum of two (2) years.

All applications must be signed by an agent of an authorized EcoStar sales representative.

Applicator must sign the Authorized Applicator agreement, which requires that they install all EcoStar products per EcoStar's written specifications and installation guidelines. Furthermore, the applicator agrees to be responsible for any corrections or changes necessary to meet EcoStar's written specifications and installation guidelines.

The completed and signed training form is submitted to the technical department at EcoStar.

Contractor must receive either EcoStar's classroom training or Project site training. Classroom training is scheduled at request of the applicant contractor. Project site training should be scheduled for project start up. Contact the technical department for all scheduling as the training session takes a 2 to 3 week lead time and the duration is 2 to 4 hours.

**Note: Project site training will not be scheduled unless a PRE-PROJECT SURVEY has been completed, submitted to the technical department, and a project number has been assigned.**

After the completion of training and the approval of a Gold Star project, the certificate authorizing the Applicator will be awarded to the Contractor.

### COSTS

All EcoStar Warranties are provided free of charge, but all technical support will be invoiced at the following rates:

<b>Applicator Training – Classroom*</b>	<b>\$500</b> REQUIRED TO BE AN AUTHORIZED APPLICATOR.
<b>– In-Shop</b>	
<b>Project Site Applicator Training*</b>	<b>\$500 per visit.</b> REQUIRED IF CLASSROOM HAS NOT BEEN COMPLETED.
<small>* Classroom training is only performed on a scheduled basis. Contact the Technical Department for training schedule.</small>	
<b>Architectural Project Site Inspection</b>	<b>\$400 per project &amp; visit.</b>
<b>Warranty Inspection Fee</b>	<b>\$0.10 per square foot with a \$500 minimum.</b> REQUIRED PRIOR TO WARRANTY ISSUANCE.



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APPLICATOR COMPANY NAME		COMMUNICATION	OFFICE TELEPHONE NUMBER	OFFICE FAX NUMBER
MAILING	ADDRESS		COMPANY E-MAIL ADDRESS	WEB-SITE ADDRESS
	CITY STATE ZIP CODE		MAIN CONTACT NAME	
SHIPPING	ADDRESS		TITLE	DAY TIME TELEPHONE & EXT.
	CITY STATE ZIP CODE		CELLULAR NUMBER	PAGER NUMBER
LICENSE	CONTRACTOR LICENSE NUMBER		STATE ISSUED	SECONDARY CONTACT NAME
			TITLE	DAY TIME TELEPHONE & EXT.
			CELLULAR NUMBER	PAGER NUMBER

GENERAL INFORMATION	YEARS IN BUSINESS <input type="text"/>	EMPLOYEES (HIGH SEASON) <input type="text"/>	OUTSIDE SALES PEOPLE <input type="text"/>	
	PLEASE INDICATE WHAT THE PERCENTAGE OF YOUR BUSINESS IS BY CATEGORY			
	RESIDENTIAL <input type="text"/>	COMMERCIAL <input type="text"/>	INSTITUTIONAL <input type="text"/>	INDUSTRIAL <input type="text"/>
	PLEASE INDICATE TOTAL NUMBER OF SQUARES THAT WERE INSTALLED LAST YEAR FOR EACH CATEGORY			
ASHPHALT SHINGLES <input type="text"/>	NATURAL CEDAR SHAKES <input type="text"/>	IMITATION CEDAR <input type="text"/>	NATURAL SLATE <input type="text"/>	
IMITATION SLATE <input type="text"/>	METAL <input type="text"/>	STANDING SEAM <input type="text"/>	CLAY TILE <input type="text"/>	

Please provide us with 4 (EcoStar or Non-EcoStar) Projects that have been successfully completed within the last 2 years.

<b>1</b>
PROJECT NAME
CITY STATE ZIP CODE
DATE COMPLETED PROJECT SIZE IN SQUARES
MANUFACTURER PRODUCT NAME
BUILDING OWNER NAME TELEPHONE NUMBER

<b>3</b>
PROJECT NAME
CITY STATE ZIP CODE
DATE COMPLETED PROJECT SIZE IN SQUARES
MANUFACTURER PRODUCT NAME
BUILDING OWNER NAME TELEPHONE NUMBER

<b>2</b>
PROJECT NAME
CITY STATE ZIP CODE
DATE COMPLETED PROJECT SIZE IN SQUARES
MANUFACTURER PRODUCT NAME
BUILDING OWNER NAME TELEPHONE NUMBER

<b>4</b>
PROJECT NAME
CITY STATE ZIP CODE
DATE COMPLETED PROJECT SIZE IN SQUARES
MANUFACTURER PRODUCT NAME
BUILDING OWNER NAME TELEPHONE NUMBER

SALES REP	SALES REP
	CITY STATE ZIP CODE
	PRINT NAME SIGNATURE DATE

APPLICATOR	AUTHORIZED REPRESENTATIVE NAME (PRINT)	
	SIGNATURE DATE	
	<b>THIS SECTION MUST BE COMPLETED</b>	