

SPECIFICATION DEVIATION REQUEST

To be completed by Sales Representative only



Contractor Name: _____ Contractor Lic. No.: _____ FBPCO # _____

Project Name: _____ Project Location: _____

SYSTEM INFORMATION: (Please provide the following information **AND** submit a copy with the PIN)

System type: _____ Approximate sq. foot of product to be used _____

Construction Type: New Tear-Off Re-cover, explain: _____

Existing roof composition: _____

Other applicable system specifics: _____

Red Shield Warranty Type:

5 Year 10 Year 12 Year 15 Year 20 Year (Note: no deviations for Platinum)

Codes/Extended Wind Speed or Unique requirements: (please list all): _____

Deviation Requested: _____

Form Submitted by: _____

Date: _____



FOR FIRESTONE TECHNICAL USE ONLY

Approved As Noted Denied (read comment)

Reason for Approval or Denial: _____

Signed: _____ Date: _____

cc: Regional Business Manager
National Sales Manager
Field Services
File

Document Procedure: Submit one copy of this for to your Regional Technical Coordinator **TWO WEEKS** PRIOR TO JOB START for proper technical evaluation and assistance. Firestone is not responsible for the warrantability of proposed construction details and products that Have Not Been Evaluated and Accepted By Firestone Building Products. **IF DEVIATION IS REQUESTED AFTER JOB START, DEVIATION MAY NOT BE APPROVED**