



/ /	/ /	/ /
AM PM	AM PM	AM PM



Work Request for

Retrofit Mitigation Retrofit Reverification Shingle to Tile Insurance Mitigation

Digitally Signed Copy Requested (\$10 Additional)

Emailed Digital report to client

Email to: _____

Company Name: _____ Phone: _____ Test Date: _____

Company Address: _____ City: _____ Zip Code: _____

Jobsite Contact: _____ Phone: _____ P.O. Num: _____

Email Address: _____ Gated? Yes No Gate Code: _____

Job Information

Project Name: _____ *Please attach builders sketch if available*

Job Address: _____ City: _____ Zip Code: _____

Roof Levels: _____ Stories: _____ Roof Area: _____ Squares: _____

Roof Height: _____ Length: _____ Width: _____ Slope: _____

★ Contact person to schedule access: _____ Phone : _____

TERMS AND CONDITIONS

THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS LOCATED AT WWW.FED-ENG.COM/RTI WHICH ARE HEREBY EXPRESSLY INCORPORATED INTO THIS DOCUMENT BY REFERENCE AS IF FULLY SET FORTH HEREIN. BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE READ THE TERMS AND CONDITIONS, OR HAVE BEEN GIVEN THE OPPORTUNITY TO VIEW SAME, AND INTEND TO BE BOUND THEREBY. Hard copies of F.E.T.'s Terms and Conditions are available upon request.

_____ Please Sign

_____ Print Name

_____ Date

Please sign & return to roofing@fed-eng.com

FET Field Use Only

No Show/Access? Explain _____

Client Notified? Yes No Who? _____ How? In Person Phone Email Text

Other houses in the neighborhood with tile? Yes No

Truss Spacing _____ "O.C. Truss Sizes: Top Chords _____ Bottom Chords _____ Cross Webs _____

Deck Type: Plywood T&G Attic Insulation? Yes No

Deck Thickness: _____ " Slope _____ :12 Sheetrock Ceiling? Yes No

Truss Connections: Prefab Plates Nailed Sheetrock Thickness _____ "

★ Take photos of all above items. Roof System? Shingle Shake Other _____

NOA of Tile to be installed: _____

Other Notes: _____