

Roof Condition Certification Form

APPLICANT/INSURED NAME: _____ APPLICATION/POLICY #: _____

ADDRESS INSPECTED: _____

DATE OF INSPECTION: _____

This Roof Condition Certification Form must be inspected and completed by a verifiable Tacoma Roof Care Professional. Without an appropriately associated dated signature, the form will not be accepted. The following *Washington State* individuals may complete this form:

- A General, Residential, Building, or Roofing Contractor
- A Building Code Inspector
- A Certified Tacoma Roof Care Associate
- A Professional Armstrong Roofing Compliance Officer

NOTE: This form **does not** verify loss mitigation of any sort.

ROOF (TWO PHOTOS OF THE ROOF'S CONDITION ARE REQUIRED TO BE SUBMITTED WITH THIS FORM)

Predominant Roof		Secondary Roof	
Covering Material:	_____	Covering Material:	_____
Roof Age (years):	_____	Roof Age (years):	_____
Remaining Useful Life:	_____	Remaining Useful Life:	_____
Date of Last Roofing Permit:	_____	Date of Last Roofing Permit:	_____
Date of Last Update:	_____	Date of Last Update:	_____
If updated (check one):		If updated (check one):	
Full Replacement	<input type="checkbox"/>	Full Replacement	<input type="checkbox"/>
Partial Replacement	<input type="checkbox"/>	Partial Replacement	<input type="checkbox"/>
% of Replacement	_____	% of Replacement	_____
Roof Condition:		Roof Condition:	
Excellent	<input type="checkbox"/>	Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>	Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>	Fair	<input type="checkbox"/>
Poor (explain)	<input type="checkbox"/>	Poor (explain)	<input type="checkbox"/>

Any visible signs of damage/deterioration? (describe) (e.g. curling, lifted/loose/missing shingles or tiles, sagging or uneven roof deck)

Predominant Roof		Secondary Roof	
Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Any visible signs of leaks?			
Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Additional Comments:

ALL ROOF CONDITION CERTIFICATION INSPECTIONS MUST BE INSPECTED, SIGNED AND COMPLETED BY A VERIFIABLE FLORIDA-LICENSED INSPECTOR. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Inspector Name (printed)	Telephone Number	Date
Signature of Inspector	License Type	License Number

