



# ATLAS SIGNATURE SELECT® LIMITED WARRANTY\* REGISTRATION FORM

To complete the warranty registration process, fill out the following form about the shingle product and accessories used in your roof installation. Please be sure to verify that the shingle you select below matches the product used in your installation. If you're NOT sure, verify the information with your roofing contractor or consult your invoices. Complete the entire form and send, along with copies of your invoices, to Atlas at the address below. Thank you!



## GENERAL INFORMATION

**Is this roof on a single-family detached residence?**

☐ Yes ☐ No

**Which SHINGLE COLOR was installed?**

**Was your new roof installed over existing shingles?**

☐ Yes ☐ No ☐ I don't know

**How many SHINGLE SQUARES were installed on your roof?**

**Which NAIL-FASTENING METHOD was used in the shingle installation?** ☐ 4 Nail ☐ 6 Nail ☐ I don't know

**To be eligible for the Signature Select Warranty, you must choose qualifying Shingles plus three (3) accessories. Accessory options include: Hip & Ridge ShingleS, Underlayment, Ventilation or Starter Shingles.**

Use this chart to check that you have all of these required items before you register online. If you have not installed all of the products below, please register your warranty under the standard Atlas Limited Shingle Warranty.

Atlas Roof Shingles (Must select one item)	Atlas Hip & Ridge Shingles (Must select one item)	Atlas Premium Underlayment (Must select at least one item - Atlas underlayment must cover entire roof deck surface)	Additional Accessory Requirement (Must select at least one item)
<input type="checkbox"/> StormMaster® Slate featuring Scotchgard™ Protector	<input type="checkbox"/> Atlas Pro-Cut® Hip & Ridge Shingles Featuring Scotchgard™ Protector	<input type="checkbox"/> Gorilla Guard® 30 Engineered Underlayment	<input type="checkbox"/> Atlas Pro-Cut® Starter Shingles
<input type="checkbox"/> StormMaster® Shake featuring Scotchgard™ Protector	<input type="checkbox"/> Atlas Pro-Cut® High Profile Hip & Ridge Shingles featuring Scotchgard™ Protector	<input type="checkbox"/> Gorilla Guard® Spec 30 Engineered Underlayment	<input type="checkbox"/> WeatherMaster® Products (for use on eaves or valleys)
<input type="checkbox"/> Pinnacle® Pristine featuring Scotchgard™ Protector		<input type="checkbox"/> Summit® 180 Premium Synthetic Underlayment	<input type="checkbox"/> TruRidge™ Exhaust Vent
<input type="checkbox"/> ProLam™	<input type="checkbox"/> ProLam™ Can use Pro-Cut® or GlassMaster® as Hip & Ridge shingles.	<input type="checkbox"/> Summit® 60 Synthetic Underlayment	<input type="checkbox"/> HighPoint™ Ridge Exhaust Vent
<input type="checkbox"/> Legend® featuring Scotchgard™ Protector	<input type="checkbox"/> Legend® <sup>3</sup> Can only be used as a Hip & Ridge with Legend® shingles.	<input type="checkbox"/> WeatherMaster® Products (Used to cover entire roof deck surface if codes allow)	<input type="checkbox"/> HighPoint™ Diamond 50 Static Exhaust Vent
<input type="checkbox"/> GlassMaster®	<input type="checkbox"/> GlassMaster® <sup>4</sup> Can only be used as a Hip & Ridge with GlassMaster® shingles.		<input type="checkbox"/> HighPoint™ Intake Vent

<sup>3</sup> Legend® cannot be used as Hip & Ridge for StormMaster® Slate, StormMaster® Shake, Pinnacle® Pristine, or ProLam™ shingles.

<sup>4</sup> GlassMaster® cannot be used as Hip & Ridge for StormMaster® Slate, StormMaster® Shake, Pinnacle® Pristine, or Legend® shingles.





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## Installation Information

**Install date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Atlas requires that you register your warranty within 60 days of original installation.)

### Where were these products installed?

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

### Who is the OWNER of this property?

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Please provide CONTRACTOR information:

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Copies of your product invoices are required for warranty registration to be finalized.

Thank you for completing your Atlas Signature Select® Limited Warranty\* registration form. This form will be reviewed against Atlas Signature Select® eligibility requirements to make sure the proper components were installed in the roofing system. The warranty holder will be notified upon warranty registration approval.

### Please send this form and copies of your invoices to:

Atlas Roofing Corporation  
Attn: Consumer Services  
802 Highway 19 N., Suite 170  
Meridian, MS 39307

**AtlasRoofing.com/Warranty**

\* Refer to the Atlas Signature Select® Limited Warranty for all system coverage requirements.  
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