



4456 S. Clifton, Wichita, KS 67216 λ 316 522-9346 λ 800 676-7346 λ Fax: 316 522-9346
www.watersealant.com

10 Year Vertical Water Repellent/5 Year Graffiti Protection Combo Warranty Application

In order to receive warranty consideration, complete Sections 1 & 2 and submit for review and pre-approval prior to project commencement. Following project completion, complete Section 3 and submit entire application, along with product invoices, for processing and approval. Please keep a copy for your records.

Section 1 - Project Information

| | | |
|-----------------------------------------|--------------------|----------------------------|
| Project Name: _____ | | |
| Address: _____ | City/ State: _____ | Zip: _____ |
| Owner Name: _____ | | Owner Phone: () _____ |
| Owner Address: _____ | City/ State: _____ | Zip: _____ |
| Architect Firm/Project Architect: _____ | | Phone Number: () _____ |
| Application Firm: _____ | | |
| Address: _____ | City/State: _____ | Zip: _____ |
| Project Manager: _____ | | Phone Number: () _____ |

Section 2 - Pre-Application Information

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------|
| See Mock-up Instructions Before Proceeding: http://www.watersealant.com/mock-up.pdf | | |
| Test Application Date: _____ | Test Application Location: _____ | |
| Building Material(s) to be treated (<i>list all</i>): ie, brick, block, stucco, etc. _____ | | |
| Test Area Sq Ft: _____ | Number of Ounces Used: 1 st Coat: _____ | 2 nd Coat: _____ |
| Use Manufacturer's Test Patch Coverage Rate Chart: http://www.watersealant.com/test-patch.pdf | | |
| 1 st Coat (PWS-15) Coverage Rate: _____ sq ft/gal | 2 nd Coat (<i>circle one</i> : PWS-8 or PWS-15) Coverage Rate: _____ sq ft/gal | |
| Total Project Square Footage: _____ | Square Footage to receive 2 coats for Graffiti Protection _____ | |
| Estimated Number of Gallons Required: PWS-15 (Super) _____ | | PWS-8 (Extra) _____ |
| Estimated Date of Water Repellent/Anti-Graffiti Installation: _____ | | |
| Submitted By: _____ | | Date: _____ |
| Phone: _____ | Fax: _____ | email: _____ |

**Keep track of batch #'s found on stick on label on product container, as you will need this info for final approval.*