



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

Section 3 (to be completed upon project completion)

Project Name: _____
City: _____ State: _____

Project Detail:
Was the entire project, listed in Section 1, treated? Yes No
If No, Describe the specific areas that were treated with Professional® Water Sealant:

Application Information:
Number of Gallons Used: PWS-15 (Super) _____ PWS-8 (Extra) _____
Product Batch # (s) (located on stick on label on product container) _____
Square Footage of Area Treated for Graffiti Protection (2 coats): _____
Square Footage of Area Treated for Water Repellent Protection (area with 1 coat only): _____
Total Project Square Footage Treated: _____
Actual Coverage Rate for **1st Coat**(divide the number of sq ft treated by the number of gallons used): _____ sq ft/gal
Actual Coverage Rate for **2nd Coat**(divide the number of sq ft treated by the number of gallons used): _____ sq ft/gal
Application Date (s): _____ Application Method: _____
Weather Conditions: _____
Distributor Name and Address: _____
Copies of product purchase invoices must be submitted with this application.
Fax to: 316-522-9346 or scan and email to Ken@watersealant.com

Project Manager Certification:
I certify that the information provided on this application is correct and that the product was applied in accordance with Professional Products of Kansas' Application Instructions.
Project Manager: _____ Signature: _____

Submitted By: _____ Date: _____
Phone: _____ Fax: _____ email: _____

One Application per Project