



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:

Professional® Water Sealant Formulation used: **PWS-5** (Regular)_____ **PWS-8** (Extra)_____ **PWS-15** (Super)_____

Product Batch # (s) (located on stick on label on product container)_____

Number of Gallons Used: _____ Number of Coats Applied:_____

Square Footage of Area Treated for Water Repellent Protection:_____

Actual Coverage Rate (divide the number of sq ft treated by the number of gallons used): 1st Coat_____ sq ft/gal

Actual Coverage Rate (divide the number of sq ft treated by the number of gallons used) 2nd Coat (if necessary):_____ 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: _____

Phone:_____ Fax:_____ email:_____

One Application per Project