

NATIONAL COATINGS CORPORATION

WARRANTY APPLICATION

Part A

To avoid delays in processing this application, please provide as much detailed information as possible. Thank you.

TYPE OF WARRANTY

5	Year Labor & Materials Warranty	
10	Year Labor & Materials Warranty	

15	Year Labor & Materials Warranty	
20	Year Labor & Materials Warranty	

MUST INCLUDE THE FOLLOWING INFORMATION WITH THIS APPLICATION

1. Roof diagram indicating where any ponding areas, and any potential problem areas.
2. Photos of roof, overall and of detail areas.
3. Project Specification
4. Current Insurance Certificate - Workman's Comp & General Liability

GENERAL PROJECT INFORMATION

Project Name: _____

Project Address: _____
Street Number and Name
Building Number (s) if any

Function of Building (s): _____

Building Owner/Company Name: _____

Direct correspondence to: _____ Title: _____

Address: _____
Street Address
City
State
Zip Code

Owner /Contact Phone # _____ Fax # _____

Type of System:

- | | | | |
|--|--------------------------|------------------------------------|--------------------------|
| AcryShield® SPF | <input type="checkbox"/> | ARM AcryShield® Restoration | <input type="checkbox"/> |
| AcryShield® SPF Re-coat | <input type="checkbox"/> | RenuWall® System | <input type="checkbox"/> |
| AcryPly® reinforced (All-Acrylic) | <input type="checkbox"/> | AcryPly- D™ (Deck up System) | <input type="checkbox"/> |
| AcryPly® reinforced (Emulsion/Acrylic) | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Expected Start Date: _____ Expected Completion Date: _____

Project Square Footage: _____ Project Deck Type: _____

New Construction Retrofit Number of Existing Roofs _____

Type of Substrate and Existing System please describe complete system from the deck up:

Age _____ High Vapor Drive? Yes No If yes--please describe: _____

Is Venting Sufficient? Yes No

List all pre-existing conditions, problems, and unusual details and/or penetrations, if any:

Describe Substrate Preparation: _____

Method of Application: _____

Anticipated Traffic is:Light Medium Heavy

Anticipated Chemical Attack: _____

Extent of standing water 48 hours after rain? _____

ADDITIONAL COMMENTS

SPECIFIER'S INFORMATION

Name: _____

Address: _____
Street Address City State Zip Code

Phone # _____ Fax # _____

APPLICATOR INFORMATION

Company Name: _____

Address: _____
Street Address City State Zip Code

Phone # _____ Fax # _____

License # _____

Project Manager: _____

*National Coatings requires that contractors applying for a Full System (labor and materials) Warranty agree to provide National Coatings with **free-of-charge labor needed to address any warranty claims during the first half of the warranty period.***

I hereby certify that the information reported herein is complete and correct, and that the application was completed in accordance with National Coatings' minimum specifications (attached) for the type of system applied and the length of warranty requested. Any additions and/or corrections needed for specification compliance are attached and will be completed within 30 days.

Applicator's Signature Date

Printed Name

Company

Manufacturer's Representative Date

Printed Name

Company

National Coatings Corporation would like to take this opportunity to thank you for your continued business. As you know, we value you as a customer and always look forward to providing you with the best in products and service.