




Polyguard 1 to 5 Year Material Warranty Application Form Instructions

- In order to register your project for a 1 to 5year Material Warranty, please read, complete and sign Polyguard’s 5 Year Material Warranty Application Form.
- Be sure to include all product information (i.e. product batch numbers, square footage, accessories, etc.).
- Select whether you are needing a 1 Year, 2 Year, 3 Year, 4 Year, or 5 Year warranty. Please select per warranty stipulations listed on the project specification.
- A copy of the specification is required and shall accompany the completed application. Please copy or scan all relevant portions of the specification and attach or include with your Application submission.
- To save a copy of your completed form to a desired location, select the “Save” icon  at the bottom of the last page.
- To print a copy of your completed form to a desired location, select the “Print” icon  at the bottom of the last page.
- Submit the completed application & specification by email or fax.
 - To save and email upon completing the application, select the “Save/Email” icon  at the bottom of the last page.
 - Email: archtech@polyguard.com
 - Fax: (972)-875-9404
- A Polyguard Technical Services Representative may contact you for further additional information if needed.
- Please allow Polyguard 14 business days to process your warranty application.
- Approved warranties are sent via email unless alternate method is requested.
- You may contact our Architectural Technical Services Department with any questions at archtech@polyguard.com or 214-515-5000.

Note: *Incomplete applications will be returned*

APPLICATION FOR 1 to 5 YEAR MATERIAL PRODUCT WARRANTY FORM
 Warranty issue date will be based upon completed application of these products.

Email the completed form to:

1. Project:
 Building: _____
 Street Address: _____
 City, State and Zip: _____

<i>Project Type (check one)</i>			
1	Mass Transit	11	Military facilities
2	Parking garages	12	Churches
3	Office bldgs/hdqtrs	13	Retail
4	Stadiums / Arenas	14	Residential–single*
5	Entertainment Complex	15	Residential–multi *
6	Medical	16	Industrial
7	Schools/Universities	17	Hotels / Motels
8	Convention Centers	18	Utilities
9	Government Facilities	19	Other – not listed
10	Airports		

2. Owner:
 Owner: _____
 Street Address: _____
 City, State and Zip: _____
 Attention: _____

**No warranties are issued for Underseal™ on residential projects*

3. Installer:
 Firm: _____
 Street Address: _____
 City, State and Zip: _____
 Attention: _____ Phone: _____ ext: _____

4. Architect / Engineer:
 Firm: _____
 Street Address: _____
 City, State and Zip: _____
 Attention: _____ Phone: _____ ext: _____

5. Consultant:
 Firm: _____
 Street Address: _____
 City, State and Zip: _____
 Attention: _____ Phone: _____ ext: _____

6. General Contractor:
 Firm: _____
 Street Address: _____
 City, State and Zip: _____
 Attention: _____ Phone: _____ ext: _____

7. Distributor:
 Firm: _____
 Street Address: _____
 City, State and Zip: _____
 Attention: _____ Phone: _____ ext: _____

8. Type and Amount of Material Used:

Product Used	Application Type <i>(please specify by type listed below)</i>	U / M	Quantity
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Elevator, Foundation, Mechanical Interior, Plaza/Deck, Tunnel, Other *(describe)*

Fluid-Applied Air Barrier:		Application Type	
	VOC level installed: 525 200 100	Batch #(s) <i>(required)</i>	
Airlok Flex:		_____	Sq. Ft. _____
		Batch #(s) <i>(required)</i>	
Airlok Flex VP:		_____	Sq. Ft. _____
		Batch #(s) <i>(required)</i>	
Airlok Flex VP LT:		_____	Sq. Ft. _____
		Batch #(s) <i>(required)</i>	
Airlok Flex WG:		_____	Sq. Ft. _____
		Batch #(s) <i>(required)</i>	
Airlok Flex WG LT:		_____	Sq. Ft. _____
		Batch #(s) <i>(required)</i>	
Airlok Spray-N-Roll:		_____	Sq. Ft. _____
		Batch #(s) <i>(required)</i>	
:		_____	Sq. Ft. _____
		Batch #(s) <i>(required)</i>	
:		_____	Sq. Ft. _____

Fluid-Applied Flashing:		Application Type	
		Batch #(s) <i>(required)</i>	
Airlok Flash-N-Roll:		_____	Sq. Ft. _____
		Batch #(s) <i>(required)</i>	
Airlok Gun-N-Spread:		_____	Sq. Ft. _____

Fluid-Applied Dampproofing:		Application Type	
		Batch #(s) <i>(required)</i>	
Pro 1000:		_____	Sq. Ft. _____

Fluid-Applied Waterproofing:		Application Type	
	VOC level installed: 525 200 100	Batch #(s) <i>(required)</i>	
Commercial Stretch:		_____	Sq. Ft. _____
		Batch #(s) <i>(required)</i>	
Overseal-H:		_____	Sq. Ft. _____

Sheet-Applied Waterproofing:			Application Type	
	Horizontal Application	Vertical Application		
Underseal Underslab:	_____	_____	Sq. Ft.	_____
	Horizontal Application	Vertical Application		
Underseal Blindside:	_____	_____	Sq. Ft.	_____
	Horizontal Application	Vertical Application		
Underseal PRM:	_____	_____	Sq. Ft.	_____
	Horizontal Application	Vertical Application		
650 Membrane:	_____	_____	Sq. Ft.	_____
Balconyguard:	_____	_____	Sq. Ft.	_____

Other:		Application Type	
Other <i>(Explain)</i> :	Brand _____		Sq. Ft. _____
Other <i>(Explain)</i> :	Brand _____		Sq. Ft. _____

Additional Information:

9. Polyguard Products Accessories Purchased For This Project:

Type of Accessory	Product Used	U / M	Quantity	
Primers, Sealants, Adhesives, Detailing:	Airlok Detail-N-Joint:	20 oz. sausage	sausage	
	Detail Sealant PW:	20 oz. sausage or 3 gal. pail	sausage/pail	
	650 LT Adhesive or California Sealant:	1 gal. can or 5 gal. pail	can/pail	
	650 WB Liquid Adhesive:	1 gal. can or 5 gal. pail	can/pail	
	LM-85 SSL (2-part liquid membrane):		5 gal. pail	
	LM-95 (2-part fast-cure liquid membrane):		2 gal. pail	
	STA-PUT Quick Grip Spray Adhesive:		canister	
Other Polyguard Product:	<i>Product Name:</i>			
Drainage:	Polyflow BD:	<i>For balcony decks with less than 3" of concrete and foot traffic only</i>		
	Polyflow 10:	or Polyflow 10-P	Sq. Ft.	
	Polyflow 15:	or Polyflow 15-P	Sq. Ft.	
	Polyflow 18:		Sq. Ft.	
	Totalflow:		Sq. Ft.	
Air Barrier Sheet Membranes:	40-mil Membranes:	Airlok Sheet 400 NP	<i>See: 6" 9" 12" 18" 24" 36"</i>	Sq. Ft.
		Airlok Sheet 400 HT/NP	<i>See: 36"</i>	Sq. Ft.
		Airlok Sheet UV 400 NP	<i>See: 6" 9" 12" 36"</i>	Sq. Ft.
		Airlok Sheet UV Ultra 400 NP	<i>See: 6" 9" 12" 36"</i>	Sq. Ft.
	20-mil Membranes:	Airlok Sheet 200 BU/NP	<i>See: 6" 9" 12" 18" 24" 36"</i>	Sq. Ft.
		Airlok Sheet UV 200 BU/NP	<i>See: 6" 9" 12" 36"</i>	Sq. Ft.
Specialty Sheet Membranes:	Deckguard HT:		Sq. Ft.	
	NW-75 Membrane:		Sq. Ft.	
	Tileguard:		Sq. Ft.	
Tapes:	606 Tape:		Sq. Ft.	
	Detail Tape:		Sq. Ft.	
	Fabric Tape:		Sq. Ft.	
Misc:	6" Poly Covers:		Each	
	BG Outside Corner Boot:		Each	
	US Outside Corner Boot:		Each	
	US Inside Corner Boot:		Each	
	US Pit Top Corner Boot:		Each	
	Totalflow End Outlet		Each	
Total Flow Tee Outlet		Each		

10. Surfaces / Substrates that Products were applied to:

Concrete	CMU Block	Gypsum Sheathing	Other _____
ICF	OSB	Plywood Sheathing	Other _____

11a. Installation Completion Date: DATE IS REQUIRED **11b. Substantial Completion Date:** DATE IS REQUIRED **when** a specification states such. A copy of the specification must accompany this application.

12. Specification Requirement: I understand that a copy of the project specification must accompany this completed warranty application. **Please remember to attach the project specification with your application.**

13. Warranty Requested: Material Warranty Only: 1 Year 2 Year 3 Year 4 Year 5 Year
 All warranties must be **pre-approved**. All warranties require that drainage board (if used) **MUST** be Polyguard brand.
Please contact your Polyguard Products Technical Service Representative when a special term warranty may be needed. No special term application or warranty will be issued without prior approval by Architectural Division Management.

14. Preferred Method of Receipt: Please check below of preference to receive your warranty:
Mail warranty to: Company Name: _____
 Street/P.O. Box: _____
 City, State, Zip: _____
E-mail warranty to: _____

15. Signature: By signing below, I certify that only Polyguard Products accessories & drainage board have been used on this project.
 I understand that typing my name below serves as an electronic signature for purposes of this form.
 Completed by: _____
 Signature _____ Print Name _____ Date _____