

Construction Products Warranty Request

Warranties will be addressed to installer unless otherwise requested.

Owner

Company Name

Contact Person

Address

CityStateZip

Phone Number

Installer

Company Name

Contact Person

Address

CityStateZip

Phone Number

Project

☐ New

☐ Remedial

Company Name

Address

CityStateZip

Date of Substantial Project Completion

Month

Day

Year

Standard Material Warranty		Limited Weatherseal Warranty		Limited Structural Adhesion Warranty	
Required: Self-performed adhesion test prior to startup	Terms (Years)	Documents Required (see below): 1, 2, and/or 3	Terms (Years)	Documents Required (see below): 1, 2, 3, 4	Terms (Years)
Prod. 1		Prod. 1		Prod. 1	
Prod. 2		Prod. 2		Prod. 2	
Prod. 3		Prod. 3		Prod. 3	

Required Documents		Warranty Term (years)	Product
	1 - Written Recommended Installation procedure provided to Installer	1-20	All SilPruf™, UltraGlaze™
	2 - Project / On-site Adhesion Report provided to MPM	1-15	SilShield™, Optic™, Elemax™
	3 - Adhesion / Compatibility Testing validated in MPM lab	1-10	SilGlaze II
	4 - Drawings / Details reviewed by MPM	1-10	SWS, SCS1700, SCS1200

Distributor (NOTE: All warranties will be sent to the selling distributor)

Comments

Company Name

Contact Person

Address

CityStateZip

Phone Number

Fax Number

Email

Email to:

WarrantyRequest@momentive.com