



SPECIALIZED COATING SYSTEM

Warranty Application Form

General Information

Owner: _____
 Contact Name: _____ Title (Position): _____
 Phone: _____ Fax: _____ E-Mail: _____
 Project Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Architect/Engineer: _____ Phone: _____
 General Contractor: _____ Phone: _____

System Information

System Installed: Acrylithane Coating System
 Completion Date: _____ Area (Square Feet): _____ New Construction Recoat
 If the project is a "Recoat", provide coating manufacturer and type of coating: _____

Material Information

	Primer (Gallons)	Base Coat (Gallons)	Topcoat (Gallons)	Clear Coat (Gallons)	Other
Product Number:					
Quantity:					
Batch Number(s):					

Materials Purchased From (Name & Address): _____

Warranty Information

Type of Warranty Requested (Available to all Applicators): Limited Material

Substrate Information

Concrete (Precast) Concrete (Cast-In-Place) Plywood Metal Other, Type _____
 Surface Preparation: Acid Etch Shot Blasted Sand Blasted Other: _____
 Sheet Flashing, Type: _____ Sealant, Type: _____ Patching Material, Type: _____

Submittal Information

Photographs Required:

- Minimum 2 photos of surface preparation
- Minimum 3 photos of completed project

Signature (Officer of the Company) & Company Information

By signing this warranty application form, applicator hereby states that all materials have been installed in accordance with the latest published NEOGARD guide specifications. Further, Applicator understands that NEOGARD or one of its Representatives may conduct customer satisfaction surveys with the Owner in regards to this project.

Note: Warranty requests submitted later than 90 days from date of substantial completion are subject to a third part inspection at a cost to the Applicator.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

NEOGARD Approval

Signature: _____ Date: _____

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