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www.watersealant.com

10 Year Vertical Water Repellent Warranty Application

In order to receive warranty consideration, complete Sections 1 & 2 and submit for review and pre-approval prior to project commencement. Following project completion, complete Section 3 and submit entire application, along with product invoices, for processing and approval. Please keep a copy for your records.

Section 1 - Project Information

Project Name: _____

Address: _____ City/ State: _____ Zip: _____

Owner Name: _____ Owner Phone: () _____

Owner Address: _____ City/ State: _____ Zip: _____

Architect Firm/Project Architect: _____ Phone Number: () _____

Application Firm: _____

Address: _____ City/State: _____ Zip: _____

Project Manager: _____ Phone Number: () _____

Section 2 - Pre-Application Information

See Mock-up Instructions Before Proceeding: <http://www.watersealant.com/mock-up.pdf>

Test Application Date: _____ Test Application Location: _____

Building Material(s) to be treated (*list all*): ie, brick, block, stucco, etc. _____

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

***Note: On extremely porous substrates more than one coat may be required**

Test Area Sq Ft: _____ Number of Ounces Used: 1st Coat: _____ *2nd Coat (if necessary): _____

Use Manufacturer's Test Patch Coverage Rate Chart: <http://www.watersealant.com/test-patch.pdf>

Coverage Rate: _____ sq ft/gal

Total Project Square Footage: _____ Estimated Number of Gallons Required: _____

Estimated Date of Water Repellent Installation: _____

Submitted By: _____

Phone: _____ Fax: _____ email: _____

**Keep track of batch #'s found on stick on label on product container, as you will need this info for final approval.*