



4456 S. Clifton, Wichita, KS 67216 λ 316 522-9346 λ 800 676-7346 λ Fax: 316 522-9346

**Section 3** (to be completed upon project completion)

Project Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Project Detail:**

Was the entire project, listed in Section 1, treated?  Yes  No

If No, Describe the specific areas that were treated with Professional® Water Sealant:

\_\_\_\_\_  
\_\_\_\_\_

**Application Information:**

Professional® Water Sealant Formulation used: **PWS-5** (Regular)\_\_\_\_\_ **PWS-8** (Extra)\_\_\_\_\_ **PWS-15** (Super)\_\_\_\_\_

Product Batch # (s) (located on stick on label on product container)\_\_\_\_\_

Number of Gallons Used: \_\_\_\_\_ Number of Coats Applied:\_\_\_\_\_

Square Footage of Area Treated for Water Repellent Protection:\_\_\_\_\_

Actual Coverage Rate (divide the number of sq ft treated by the number of gallons used): 1<sup>st</sup> Coat\_\_\_\_\_ sq ft/gal

Actual Coverage Rate (divide the number of sq ft treated by the number of gallons used ) 2<sup>nd</sup> Coat (if necessary):\_\_\_\_\_ sq ft/gal

Application Date (s):\_\_\_\_\_ Application Method:\_\_\_\_\_

Weather Conditions:\_\_\_\_\_

Distributor Name and Address: \_\_\_\_\_

*Copies of product purchase invoices must be submitted with this application.*

*Fax to: 316-522-9346 or scan and email to Ken@watersealant.com*

**Project Manager Certification:**

I certify that the information provided on this application is correct and that the product was applied in accordance with Professional Products of Kansas' Application Instructions.

Project Manager:\_\_\_\_\_ Signature:\_\_\_\_\_

Submitted By: \_\_\_\_\_

Phone:\_\_\_\_\_ Fax:\_\_\_\_\_ email:\_\_\_\_\_

**One Application per Project**