



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

[www.watersealant.com](http://www.watersealant.com)

## 5 Year Horizontal 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 Application Instructions Before Proceeding:** <http://www.watersealant.com/application-instructions.pdf>

Test Application Date: \_\_\_\_\_ Test Application Location: \_\_\_\_\_

Surface(s) to be treated (*list all*): ie, concrete pavers, brick, poured concrete, etc. \_\_\_\_\_

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

Test Area Sq Ft: \_\_\_\_\_ Number of Ounces Used: 1<sup>st</sup> Coat: \_\_\_\_\_

**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.*