Stucco Warr	co Warranty Request Form Date:			ultrakote a cemix solution	
Project Name:					
Project Address: _					
	Applicator:		Distribut	or:	
Name:					
Address:					
Phone No:	Lic. No:				
E-Mail:					
	General Contractor		Archite	ct:	
Address:					
Phone No:					
This warranty is rec	quested for the period of _	years.	Total sq. footage _		
This warranty is red	quested is based on the inf	formation deta	illed on page two of	this request form.	
PAGE 2 MUST BE A	ACCURATELY COMPLETE	D PRIOR TO T	HE WARRANTY BE	ING APPROVED	
NOTE: If this is not	for a full system please u	se the "COATI	NGS ONLY" warraı	nty request form.	
	licator/distributor agrees that with Ultrakote specification				
Applicator signature_		_Position	Date	<u> </u>	
Distributor signature_		_Position	Date	2	

Send this request form to: Ultrakote Products, LLC. **Fax:** 602-272-6445 www.ultrakoteproducts.com

Stucco Warranty Request Form



Project:	Date:	
Select from the list below the products used in tand the amounts used will determine the duration essential for obtaining the proper warranty.		
Material used	Quantity Used	Date Installed
Moisture Resistive Barrier (2 ply Class D sheathing paper)_		
Liquid Applied Moisture/Air Barrier (trowel or roll applied)_		
Expanded metal lath (state gauge)_		
Stucco reinforcing mesh (state gauge)_		
Tongue and Groove Insulation Board (2' by 8' insulation boards)_		
Ultrakote Cementious Base Coat Concentrate (state base coat thickness)_		
Ultrakote Cementious Base Coat Pre-Mix (state base coat thickness)_		
Ultraprime base coat primer_		
Duratex Acrylic Textured Finish Coat (state texture)_		
Ultra-flex Elastomeric Textured Finish Coat_		
Tensile Strength Coat: Adhesive Base Coat and Fiberglass reinforced mesh_		
Approved Sealants (attach the completed sealant installation card)_		
Inspection Reports Attached_		