

Coatings Only Warranty Request Form



Project name: _____ Total sq. ft: _____

Project address: _____

Date requested: _____

Applicator:

Distributor:

Name: _____

Address: _____

Phone No: _____ Lic. No: _____

E-Mail: _____

General Contractor:

Architect:

Name: _____

Address: _____

Phone No: _____

E-Mail: _____

Circle the Substrate being covered:

Circle the Product used:

Finished Hard Coat Stucco

Un-Finished Hard Coat Stucco

Finishes EIFS

Masonry or CMU

Other _____

Elastomeric Finish (Shurflex or Ultra-flex)

Acrylic Finish (Duratex or Marbletex)

Shurprime Basecoat Primer

Ultrakote Paint Products (by name)

Adhesive Base Coat

Other _____

Product Used by Name

Quantity

Date Installed

Product Used by Name	Quantity	Date Installed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned applicator/distributor agrees that the quantities listed are accurate, that the system was applied in accordance with Ultrakote specification details, and the application meets the industry standard of care.

Applicator signature _____ Position _____ Date _____

Distributor signature _____ Position _____ Date _____