



5 Year Material Warranty

FRONT PAGE TO BE COMPLETED BY APPLICATOR/CONTRACTOR

Project Information

Project Name: _____

Project Address: _____

City: _____ State: _____ Zip: _____

Provide a general description of the construction including substrates to be treated, *i.e.* split face block, smooth block, etc.:

Building type, *i.e.* church, bank, office building, etc.: _____

Contact Information

OWNER

Firm: _____ Phone: _____

Address: _____ City/State: _____ Zip: _____

Contact: _____

ARCHITECT

Firm: _____ Phone: _____

Address: _____ City/State: _____ Zip: _____

Contact: _____

GENERAL CONTRACTOR

Firm: _____ Phone: _____

Address: _____ City/State: _____ Zip: _____

Contact: _____

APPLICATOR

Firm: _____ Phone: _____

Address: _____ City/State: _____ Zip: _____

Contact: _____

Application Information

Dates of application: _____

Was field testing done (who/when/results): _____

Note any cracks, structural or design problems: _____

Describe surface prep: _____

Surface/weather conditions at time of application: _____

Substrate (1): _____ Product used: _____

Horizontal/Vertical: _____ sq ft treated: _____ Gal's used: _____ Dilution rate: _____

Substrate (2): _____ Product used: _____

Horizontal/Vertical: _____ sq ft treated: _____ Gal's used: _____ Dilution rate: _____

Distributor/location: _____

**copies of all invoices must accompany submittal*

Applicator Certification

I hereby certify, as applicator, that all submitted information is accurate and that the PROSOCO Product(s) applied were done so in accordance with all printed instructions.

Signature: _____ Date: _____

PROSOCO

3741 Greenway Circle • Lawrence, KS 66046 • Phone (785) 865-4200 • Fax (785) 830-9797 • www.prosoco.com



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BACK PAGE TO BE COMPLETED BY PROSOCO REPRESENTATIVE

Pre Application Inspection (required)

Test Panel - Date Applied: _____

Individuals Present: _____

Location of Test Panel: _____

Application Method: _____

Square Foot Coverage: _____

Results of Test Panel: Rilem Test - Untreated: _____

Rilem Test - Treated: _____

Note any Cracks, Structural or Design Problems: _____

Signature: _____ Date: _____

Post Application Inspection (required)

Application Method: _____

Splash Tests

Rilem Tube Results

North Elevation: _____

South Elevation: _____

East Elevation: _____

West Elevation: _____

Signature: _____ Date: _____

Comments & Recommendations

Comments & Recommendations: _____

Signature: _____ Date: _____



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