



**CHEMPROBE COATING SYSTEMS, L.P.**

A DIVISION OF INEMEC COMPANY INCORPORATED

2805 INDUSTRIAL LANE GARLAND, TX 75041 TEL: 800-760-6776 FAX: 972-271-5553 WWW.CHEMPROBE.COM

## Pre-application Warranty Notification

*For Warranty consideration, this form must be submitted prior to any application. Upon signed receipt of this form, and the proper application of Chemprobe products, the CHEMPROBE Warranty Application may be submitted, along with this signed pre-application notification, for processing and approval.*

### Project Information:

Today's Date: \_\_\_\_\_

Number of Years required for Warranty: 1, 2, 3, 5

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

Address: \_\_\_\_\_

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

Owner Name: \_\_\_\_\_ Owner Phone: \_(\_\_\_\_\_)\_\_\_\_\_

Owner Address: \_\_\_\_\_

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

Architect Firm: \_\_\_\_\_

Project Architect Name: \_\_\_\_\_ Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_

General Contractor: \_\_\_\_\_ Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_

### Application Information:

Estimated Date of Application: \_\_\_\_\_

Application Firm: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_ Fax Number: \_(\_\_\_\_\_)\_\_\_\_\_

Chemprobe Product(s) to be used: \_\_\_\_\_

Date of Test Application: \_\_\_\_\_ Coverage Rate Achieved: \_\_\_\_\_ sqft/gal

Size of Test Application: \_\_\_\_\_ sqft Method of Application: \_\_\_\_\_

Project Square Footage: \_\_\_\_\_ Estimated Number of Gallons Needed: \_\_\_\_\_

Substrate Material \*(see selections below): \_\_\_\_\_

\* Split Face Concrete Block, Concrete Block, Stucco, Porous Brick, Hard Brick, Concrete Panels

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

Return Application to: \_\_\_\_\_ Fax: \_(\_\_\_\_\_)\_\_\_\_\_

**Chemprobe Use Only:** Reviewed By: \_\_\_\_\_

Representative Notified: \_\_\_\_\_ Date: \_\_\_\_\_



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# Warranty Application

*For Warranty consideration, this form must be completed and submitted within 90 days of product application. Any application for a warranty for a period of greater than 5 years must be preapproved prior to product application.*

**Project Information:** Number of Years Required: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Owner Name: \_\_\_\_\_ Owner Phone: \_(\_\_\_\_\_)\_\_\_\_\_

Address: \_\_\_\_\_

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

Architect Firm: \_\_\_\_\_

Project Architect Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_)\_\_\_\_\_

General Contractor: \_\_\_\_\_ Phone Number: (\_\_\_\_\_)\_\_\_\_\_

**Application Information:** Date Material Applied: \_\_\_\_\_

Application Firm: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_ Fax Number: \_(\_\_\_\_\_)\_\_\_\_\_

Date of Test Application: \_\_\_\_\_ Coverage Rate Achieved: \_\_\_\_\_ sqft/gal

Chemprobe Product Used: \_\_\_\_\_ Lot Number(s) required CP200 \_\_\_\_\_

Number of Square Feet Covered: \_\_\_\_\_ Number of Gallons Applied: \_\_\_\_\_

Substrate Material \*(see selections below): \_\_\_\_\_  
 Split Face Concrete Block, Concrete Block, Stucco, Porous Brick, Hard Brick, Concrete Panels

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

Distributor: \_\_\_\_\_ Branch Location: \_\_\_\_\_

Invoice Number(s) for proof of purchase: \_\_\_\_\_  
 Copies of all invoices are required for a valid warranty.

**Certification Information:**

I, the application Project Manager on the above noted project, do hereby certify the information enclosed is true and correct and the application was performed in accordance with Chemprobe's Application Instructions.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Chemprobe Use Only:**

Coverage Rate: \_\_\_\_\_ sqft/gal Approved Application: Y / N

Approved By: \_\_\_\_\_ Warranty Number: \_\_\_\_\_