



APPLICATION FOR DOW CORNING® PERFORMANCE WARRANTIES

TYPE OF WARRANTY AND PRODUCTS USED: (Please check the product used under the warranty type)

Weatherseal Warranty		Dow Corning® 123 Silicone Seal System	
<input type="checkbox"/>	Dow Corning® 756 SMS Building Sealant	<input type="checkbox"/>	Dow Corning® 123 Silicone Seal <i>with (must select)</i>
<input type="checkbox"/>	Dow Corning® 790 Silicone Building Sealant	<input type="checkbox"/>	Dow Corning® 791 Silicone Weatherproofing Sealant or
<input type="checkbox"/>	Dow Corning® 791 Silicone Weatherproofing Sealant	<input type="checkbox"/>	Dow Corning® 795 Silicone Building Sealant
<input type="checkbox"/>	Dow Corning® 795 Silicone Building Sealant	<input type="checkbox"/>	<i>And may also include</i>
<input type="checkbox"/>	Dow Corning® 995 Silicone Structural Sealant	<input type="checkbox"/>	Dow Corning® AllGuard Silicone Elastomeric Coating
<input type="checkbox"/>	Dow Corning® Contractors Weatherproofing Sealant	<input type="checkbox"/>	
<input type="checkbox"/>	Dow Corning® Contractors Concrete Sealant	<input type="checkbox"/>	

Structural Adhesive Warranty		Parking Structure Warranty	
<input type="checkbox"/>	Dow Corning® 795 Silicone Building Sealant	<input type="checkbox"/>	Dow Corning® FC Parking Structure Sealant
<input type="checkbox"/>	Dow Corning® 983 Silicone Glazing & Curtainwall Adhesive / Sealant	<input type="checkbox"/>	Dow Corning® NS Parking Structure Sealant
<input type="checkbox"/>	Dow Corning® 995 Silicone Structural Sealant	<input type="checkbox"/>	Dow Corning® SL Parking Structure Sealant

AllGuard Coating Warranty			
<input type="checkbox"/>	Dow Corning® AllGuard Silicone Elastomeric Coating	→	(Square footage covered and AllGuard amounts required)

PROJECT IDENTIFICATION:

REQUEST DATE:

Project Name:	
Job Name:	
Street Address:	
Location: City/State/Province/Postal Code	

Name of the Building Owner to be on the Warranty

Contact Name:		Phone Number:	
Company Name:		Fax Number:	
Street Address:		Email Address:	
City/State/ Postal Code:		Company Website:	

Contractor Certification:

The warranty applicant (Contractor / Applicator) attests that the products to be covered in the Dow Corning Limited Warranty were installed on the referenced project according to Dow Corning requirements set forth in Dow Corning's published of electronic literature and further certifies that only DOW CORNING® brand products have been used for the structural / weatherseal applications.

Warranty should be sent to and copied to the Contractor / Applicator

Contact Name:		Phone Number:	
Company Name:		Fax Number:	
Street Address:		Email Address:	
City/State/		Company	



Postal Code:		Website:	
Dow Corning® Products were purchased and certified by the following Distributor:			
Contact Name:		Phone Number:	
Company Name:		Fax Number:	
Street Address:		Email Address:	
City/State/Postal Code:		Company Website:	

Has Dow Corning of its Authorized Distributor Been Fully Paid for the Products Used Yes No

PROJECT INFORMATION:

Start Date		Required: Completion Date of Sealant Installation	
Term of Warranty (in years)			
New or		Restoration	Number of Stories
Facade Square Footage Sealed		* Total	North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/>
Surface Type			

Joint Type (weatherseal, structural, 123, cap bead, expansion, perimeter, spandrel, other):

	Joint Size (width x depth)		Linear Feet

Dow Corning® brand Products Used:

Sealant / * AllGuard Coating / Primer	Color	* Quantity

*** If AllGuard was used, you are required to list the Total Square Footage and Amounts Used (pails or gallons)**

ADDITIONAL REQUIREMENTS for the Structural Adhesion Limited Warranty:

Have the following Dow Corning requirements been met?

- Blueprint Review
- Lab Adhesion Testing
- Lab Compatibility Testing

Warranty application should include, as attachments, to this warranty application:

- Blueprint Review Letters,
- Adhesion Testing Recommendation Letters and
- Compatibility Testing Recommendation Letters sent by Dow Corning.

(For faster processing of your warranty application, please fax these letters with your application.)

PLEASE ATTACH ANY ADDITIONAL INFORMATION YOU FEEL IS APPROPRIATE FOR THIS PROJECT, I.E., PHOTOS, CONSULTANT REVIEWS, ETC.

WHEN THE FORM IS COMPLETED, FAX OR EMAIL THIS FORM AND OTHER DOCUMENTS TO:

DOW CORNING
p.a.matt@dowcorning.com

Paulette Matt
Phone: 989 496 3295

FAX: 989 496 5324