



## Product Plus Warranty Pre-Approval Request Form

This warranty is only available for Authorized Applicators

Return form to [roofwarranties@momentive.com](mailto:roofwarranties@momentive.com)

Project Completion Date	
Project/Building Description	
Street Address	
City, State, Zip	
Project Contact	
Contact Email Address	
Contact Phone Number	

	Authorized Applicator	Building Owner
Company Name		
Contact Person		
Street Address		
City, State, Zip		
Email Address		
Phone Number		

Distributor Name and Contact Person	
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Roof size	
Substrate(s) to Which Coating Applied	
Building Use	
Roof Slope	
Gallons of Coating Used	
Meets 40 mil DFT Requirement: Y/N	
Product Used	
Product Lot Number(s)	

Applicator certifies that the building meets the requirements for a coating application and information on this Pre-Approval Form is accurate. Installation was/will be done in accordance with current Momentive specifications to obtain a Material with Labor Warranty. If there is any conflict between Momentive specifications or requirements and the project specification, attach a copy of that portion of the project specification.

Form completed by: \_\_\_\_\_

Date signed: \_\_\_\_\_