



Product Plus Warranty Request Form
This warranty is only available for Authorized Applicators
Return form to roofwarranties@momentive.com

Check the term requested	
10 year (21 mils DFT)	
20 years (28 mils DFT)	
30 years (36 mils DFT)	

Project Information	
Project Completion Date	
Project/Building Description	
Street Address	
City, State, Zip	
Project Owner Name	
Product Used	
Roof Size (In Square Feet)	

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

Distributor Name and Contact Person	
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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 Product Plus 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: _____