



WARRANTY PRE-APPROVAL APPLICATION

(Must be submitted prior to job start-up. Email info@proguardbuilding.com)

PROGUARD PRODUCT NAME: _____

PROJECT START DATE: _____ EST COMPLETION DATE: _____

WARRANTY TYPE:	10 Yr. Material & Labor	10 Yr. Product Only
	15 Yr. Material & Labor	15 Yr. Product Only
	20 Yr. Material & Labor	20 Yr. Product Only
	Other	Other

Contractor	Contact
Address	City
State	Zip Code
Phone	Email

Project Owner	Contact
Address	City
State	Zip Code
Phone	Email

Project	Contact
Address	City
State	Zip Code
Phone	Email

PROJECT INFORMATION:

Roof Size: _____ No. Bldgs. _____

Bldg. Use: _____ Construction: **New** **Remedial**

Bldg. Height: _____ Deck Type _____

Insulation Type: _____ Substrate Type: _____

Parapet Walls Included: **Yes** **No** Wall Construction: _____

Wall Height: _____ Drainage Type: _____

Roof Slope: _____ Roof Moisture Scan: **Yes** **No**

Leaks: **Yes** **No** Ponding: **Yes** **No**

Gallons to be used: _____

PROGUARD BUILDING
 2930 SUPPLY AVENUE
 LOS ANGELES, CA 90040
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 FAX 1-888-244-5333
 INFO@PROGUARDBUILDING.COM
 WWW.PROGUARDBUILDING.COM



EXISTING ROOF DESCRIPTION

Starting from deck, substrate, etc.: _____

SPECIFICATIONS

Details of Surface Prep.: _____

MATERIAL USING	PRODUCT	COLOR	
Primer:			
Coating:			Min. DFT Millage
Basecoat			
Topcoat			
Granules, if any			

ADHESION TEST VERIFICATION

A Momentive Approved Contractor or designated Momentive Representative performed a coating adhesion patch test on an area of clean, dry roof, per Momentive guidelines. Test results and photo documentation were sent to Momentive (or attached herein) and coating adhesion is deemed to be adequate by this Contractor.

Initials

SUITABILITY OF PURPOSE

Contractor is of the opinion that the roof is a suitable candidate for a Momentive Restoration Coating warranty after preparation per Momentive guidelines and requirements for the application of sealant and roof coating.

Initials

CONTRACTOR SIGNATURE

AUTHORIZED MOMENTIVE REPRESENTATIVE

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

DISTRIBUTOR INFORMATION

Company Name: _____

Contact: _____

Location: _____

Phone: _____

Email: _____

*Include roof drawing

*Include test results and photos (see Adhesion Test Verification)