



Product Warranty Request Form

Return form to roofwarranties@momentive.com

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

Building Description	
Street Address	
City, State, Zip	
Project Completion Date	

	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	
Product Used	
Product Lot Number(s)	

Applicator certifies that the building meets the requirements for a coating application, adhesion tests were performed and meet or exceed minimum pull resistance and information on this Request is accurate. Installation was done in accordance with current Momentive specifications to obtain a Material with Labor Warranty.

Form completed by: _____

Date signed: _____