



## Warranty Request Form

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

\_\_\_\_\_

Product Used: \_\_\_\_\_ Total Sq. Ft: \_\_\_\_\_

Gallons Used: \_\_\_\_\_ Spread Rate (Sq. Ft. / Gal): \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_

Finished Floor System: \_\_\_\_\_

AC•Tech Product Representative: \_\_\_\_\_

AC•Tech Approved Applicator: \_\_\_\_\_

By completing and signing this document, I affirm that:

1. I have submitted a completed Project Survey to Allied Construction Technologies, Inc. (AC•Tech)
2. I have read and understand the current product requirements, system limitations and warranty terms as stated in the related AC•Tech technical data sheets, installation guidelines and warranties.
3. The products and/or systems referenced above were installed per written specifications, technical data sheets and associated literature produced by AC•Tech.
4. I am an approved AC•Tech Applicator and am eligible to obtain warranty coverage.

Approved AC•Tech Applicator: \_\_\_\_\_ Date: \_\_\_\_\_

Remit Warranty To: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_