

APPLICATION FOR LIMITED WARRANTY

OWNER INFORMATION

Owner name (Print): _____

Job Site Address: _____

Lot & Block No.: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Business Phone: _____ Fax: _____

Date(s) of Application: _____

% Humidity/Precip: _____

High & Low Temps: _____

Substrate Condition: _____

Moisture content (if wood): _____

Batch numbers for products used:
SCT PALLADIUM™ Textured Coating: _____

SCT Joint Compound: _____

SCT Sealing Primer: _____

UV Guard® Premium Caulk: _____

List all other products used for prep or in the SCT PALLADIUM™ System application: _____

Date Application Completed: _____

Owner Signature Upon Completion: _____

For Limited Warranty to be in effect, this Application must be completed, signed and returned to SEALANTS & COATINGS TECHNOLOGIES, INC. no later than 45 days after completing installation of the SCT PALLADIUM™ System.

Sealants & Coatings Technologies, Inc.
106 Industrial Way
Charlestown, IN 47111
Phone: (800) 899-3301

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