

TOTAL WALL APPLICATION FOR WARRANTY

Date _____

This form is an application for a Total Wall Warranty. This form is to be initiated prior to installation of materials to provide opportunity for design review and third party inspection, at the option of Total Wall. Total Wall reserves the right to have any project inspected by a Total Wall agent or third party inspector. At the conclusion of the installation, this fully completed form should be emailed to technicalservice@totalwall.com or faxed to 888-702-9916. The approval of the application for Warranty and subsequent issuance of a Warranty Document is contingent upon project completion in accordance with Total Wall specifications, and receipt of payment for Total Wall materials. For assistance, please call 888-702-9917.

Length and type of warranty applied for _____

Distributor _____ Sales Rep. _____

Building Name _____

Project Address _____

Building Owner Name and Phone No. _____

Architect _____ General Contractor _____

Age of Building _____ Type Construction _____

Project Start Date _____ Square Footage _____

Total Wall Applicator Firm _____

Address and Phone No. _____

Name(s) of Qualified Installers _____ Completion Date _____

SYSTEM INFORMATION:

System Type _____ Substrate _____

Date project was inspected _____ Individual(s) inspecting _____

FILL IN THE FOLLOWING INFORMATION WHERE APPLICABLE:

Is this a drainage system Y N (check one) Building Service: Commercial Residential (check one)

Type of moisture barrier _____ Adhesive Type _____

Fastener Type _____ Foam type and thickness _____

Type and weight of fiberglass mesh or metal reinforcement _____

Type of Base Coat or Plaster Base or Admix _____

Primer or Coating or Sealer _____ Sealant and backer _____

Flashings _____ Accessories _____

Type of Finish / Color and Textures _____

Distributor Signature: _____ Printed Name: _____