



ROOF SYSTEM LIMITED WARRANTY APPLICATION

WARRANTY TYPE:

Information must be completed on this application for the approval of a Limited Warranty.

Job/Building:	Approved Application Number:
Use of Building:	Owner:
Address:	Address:
City/Zip:	City/Zip:
Country:	Country:
Distributor:	Applicator:
Distributor Rep:	Name:
Address:	Address:
City/Zip:	City/Zip:
Phone:	Phone:

Surface/Substrate Description & Condition: _____

_____ Is there proper drainage (Y/N)? _____

Description of Surface Prep: _____

_____ Square Footage Coated: _____

Describe Flashing/Projection Details: _____

Acrylastic 900: 1st Coat Amount: _____ DFT: _____ 2nd Coat Amount: _____ DFT: _____

Acrylastic 510: 1st Coat Amount: _____ DFT: _____ 2nd Coat Amount: _____ DFT: _____

Sunshield 3800: 1st Coat Amount: _____ DFT: _____ Color of Sunshield: _____

Total System DFT: _____

Method of Application: _____

700 Allston Way
Berkeley, CA 94710
800.709.5919
info@davlincoatings.com
www.davlincoatings.com

Specification Prepared By: _____

Commencement Date: _____ Completion Date: _____

The undersigned acknowledges and agrees that all information requested on this application for Limited Warranty is material and intended to be relied upon by DAVLIN COATINGS, LLC in issuing any Limited Warranty, and that any inaccuracy, whether or not intended, in the information contained in this application for Limited Warranty is grounds for voiding the Limited Warranty. The undersigned hereby certifies that the above information is true and correct.

Contractor/Applicator's Signature: _____

Printed Name: _____

Date: _____