

POLY-TUFF SYSTEMS INTERNATIONAL



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WARRANTY APPLICATION

This form is to be submitted to Poly-Tuff Systems International (PSI) upon completion of the project.

Date: _____

File No.: _____

PSI Representative: _____

Project Name: _____

Project Start Date: _____

Project Completion Date: _____

Warranty Period: _____ Warranty Coverage (Material only) \$ _____

PSI System used: _____

Primer: _____ Gallons used: _____

Base Coat: _____ Gallons used: _____

Intermediate Coat: _____ Gallons used: _____

First Top Coat: _____ Gallons used: _____

Second Top Coat (Color): _____ Gallons used: _____

1. Total square footage to be warranted: _____ square feet.
A warranty fee of \$150.00 will be charged to the applicator for projects less than 10,000 square feet.

2. Break the above square footage into the following:

A. Light to medium traffic: _____ square feet (Foot traffic, parking stalls, etc.)

B. Heavy traffic: _____ square feet (Normal vehicular traffic, etc.)

C. High volume traffic: _____ square feet (Turn areas, etc.)

3. Substrate: Concrete Wood Existing Coating

4. If the substrate is concrete, what was the surface preparation? _____

- A. Were all cracks and expansion joints detailed per PSI General Guidelines and Technical Data Sheets? Yes No
- B. Which primer was used? _____
5. If the substrate is plywood, please answer the following:
- A. Is the plywood APA stamped? Yes No
- B. What is the plywood thickness? _____
- C. Was the plywood installed according to PSI General Guidelines? Yes No
- D. Was the plywood properly spaced according to PSI General Guidelines? Yes No
- E. Is the plywood free of grain checking, oils, old coatings or other contamination? Yes No
- F. Are all the plywood joints properly sealed according to PSI general Guidelines and published Technical Data? Yes No
- G. Were all plywood seams reinforced with PSI Straight Jacket or Polyester Tape and detailed according to PSI General Guidelines and Technical Data Sheets? Yes No
- H. What type of slip resistant material was used: _____
Pounds per square foot: _____
6. Was the PSI Coating System applied over existing coating? Yes No
- A. Prior to coating the surface was a successful adhesion test completed over the existing coating to assure the PSI Coating System was compatible with the existing coating? Yes No
If yes, give data that test was complete and type of test performed: _____

- B. Is the pre-existing coating well adhered to the substrate? Yes No
- C. Was the pre-existing coating cleaned prior to application? Yes No
- D. Was substrate clean, dry and free of any loose coating prior to re-coating? Yes No
- E. What primer was used: _____
At what rate was it applied: _____ square feet per gallon.
- F. Was the primer used allowed to become tack free prior to coating? Yes No
- G. Were all angles treated according to PSI General Guidelines and Technical Data Sheets prior to coating the surface? Yes No
- H. Was the PSI Coating System terminated in a manner that eliminates the possibility of water from another area that is not being waterproofed to migrate into the area being waterproofed? Yes No

I. What type of slip resistant material was used: _____

Pounds per square foot: _____

7. Was a grid system used to assure the proper amount of coating was being applied? Yes No

8. Does the PSI Coating System terminate with natural termination(s) such as walls, expansion joints, control joints or keyways? Yes No

9. Describe in detail the locations and areas that the warranty is being requested for:

The following is to be completed by an officer of the contractor applying for the PSI Warranty:

Name of Project Owner: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) - _____ - _____ Fax Number: (_____) - _____ - _____

Name of Project: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) - _____ - _____ Fax Number: (_____) - _____ - _____

Name of Applicator: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) - _____ - _____ Fax Number: (_____) - _____ - _____

Mail Warranty To: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) - _____ - _____ Fax Number: (_____) - _____ - _____

Material Purchased From: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) - _____ - _____ Fax Number: (_____) - _____ - _____

Copies of Invoices Included: Yes No

An authorized agent of PSI has conducted the inspections of the above referenced project. The application is complete and was done in accordance with PSI Technical Data, General Guidelines, and written Guide Specifications. I also declare the coating was applied in a workmanlike manner and the materials used were marketed exclusively by PSI.

Company Name

Signature

Print Name

Title

Date

Distributor

Signature

Print Name

Title

Date

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FOR OFFICE USE ONLY

Technical Service Approval

Credit Department Approval

Warranty Certificate Number: _____ Date: _____