

# 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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