



4456 S. Clifton, Wichita, KS 67216 λ 316 522-9346 λ 800 676-7346 λ Fax: 316 522-9346
www.watersealant.com

10 Year Vertical Water Repellent Warranty Application

In order to receive warranty consideration, complete Sections 1 & 2 and submit for review and pre-approval prior to project commencement. Following project completion, complete Section 3 and submit the entire application, along with product invoices, for processing and approval. Please keep a copy for your records.

Section 1 - Project Information

Project Name: _____

Address: _____ City/ State: _____ Zip: _____

Owner Name: _____ Owner Phone: _____

Owner Address: _____ City/ State: _____ Zip: _____

Architect Firm/Project Architect: _____ Phone Number: _____

Applicator Firm: _____

Address: _____ City/State: _____ Zip: _____

Project Manager: _____ Phone Number: _____

Section 2 - Pre-Application Information

See Application and Mock-up Instructions Before Proceeding: <https://watersealant.com>

Test Application Date: _____ Test Application Location: _____

Surface(s) to be treated (*list all*): i.e. brick, block, stone, concrete, stucco, etc. _____

Professional® Water Sealant Formulation to be used: **PWS-5** (Regular) _____ **PWS-8** (Extra) _____ **PWS-15** (Super) _____

Note: On extremely porous substrates more than one coat may be required

Test Area Sq Ft: _____ Number of Ounces Used 1st Coat: _____ 2nd Coat Ounces (if necessary): _____

Use Manufacturer's Test Patch Coverage Rate Chart or Calculator: <https://watersealant.com>

Coverage Rate 1st Coat: _____ sq ft/gal Coverage Rate 2nd Coat (if necessary): _____ sq ft/gal

Total Project Square Footage: _____ Estimated Number of Gallons Required: _____

Estimated Date of Water Repellent Installation: _____

Submitted By: _____

Phone: _____ Fax: _____ Email: _____

***Keep track of batch #'s found on stick-on label on product container, as you will need this info for final approval.**



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Section 3 (To be completed upon project completion)

Project Name: _____

City: _____ State: _____

Project Detail:

Was the entire project, listed in Section 1, treated? Yes No

If No, Describe the specific areas that were treated with Professional® Water Sealant:

Application Information:

Professional® Water Sealant Formulation used: **PWS-5** (Regular) _____ **PWS-8** (Extra) _____ **PWS-15** (Super) _____

Product Batch # (s) (located on stick-on label on product container): _____

Number of Gallons Used 1st Coat: _____ Number of Gallons Used 2nd Coat (if necessary): _____

Square Footage of Area Treated for Water Repellent Protection: _____

Actual Coverage Rate (divide the number of sq ft treated by the number of gallons used): 1st Coat _____ sq ft/gal

Actual Coverage Rate (divide the number of sq ft treated by the number of gallons used) 2nd Coat (if necessary): _____ sq ft/gal

Application Date (s): _____ Application Method: _____

Weather Conditions: _____

Dealer Name and Address: _____

Copies of product purchase invoices must be submitted with this application.

Fax to: 316-522-9346 or scan and email to David@watersealant.com

Project Manager Certification:

I certify that the information provided on this application is correct and that the product was applied in accordance with Professional Products of Kansas' Application Instructions.

Project Manager: _____ Signature: _____

Submitted By: _____

Phone: _____ Fax: _____ Email: _____

One Application per Project