## REQUEST INFORMATIONS FOR DOWSIL™PERFORMANCE WARRANTY

## PROJECT IDENTIFICATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project name: |  | | | |
| Request name: | ⬜ Use project name as request title ⬜ Other (specify) : | | | |
| Project number: |  | | | |
| Street address: |  | | City: |  |
| Province: |  | Postal code: |  | |

## BUILDING OWNER *(the warranty will be done at this name)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Owner name: |  | | | |
| Address: |  | | City: |  |
| Province: |  | Postal code: |  | |
| Phone: |  | Fax: |  | |
| Contact name: |  | Email: |  | |

## APPLICATOR *(the warranty would be copied to the Contractor/Applicator)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company name: |  | | | |
| Address: |  | | City: |  |
| Province: |  | Postal code: |  | |
| Phone: |  | Fax: |  | |
| Contact name: |  | Email: |  | |

## 

## CERTIFIED DISTRIBUTOR (products were purchased and certified by this distributor)

|  |  |  |  |
| --- | --- | --- | --- |
| Company name: | Valtec Solutions Construction Inc. | | |
| Address: | 7690 de Lamartine St | City: | Anjou |
| Province: | Quebec | Postal code: | H1J 2A8 |
| Phone: | 514-852-4600 | Fax: | 514-852-4560 |
| Contact name: |  | Email: |  |

## REQUEST INFORMATIONS FOR DOWSIL™ PERFORMANCE WARRANTY (continued)

## WARRANTY INFORMATION

|  |  |
| --- | --- |
| Warranty type : | ⬜ Wheatherseal ⬜ Structural |
| Number of years warranty1 (specify) : |  |
| *1 A 5-year weatherseal warranty is offered by Dow for the CWS and CCS.  Some testing may be required. Please contact your certified distributor if you have questions about the warranties.* | |

## PROJECT INFORMATION

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start date: | |  | | Completion date of sealant installation\* : | | | |  |
| Type of project: | | ⬜ New construction ⬜ Restoration | | | | | | |
| Number of storeys: | |  | | Facade square footage sealed (estimated): | | | |  |
| Surface(s) type: | |  | | Orientation of the facade *(N, S, E or W)*: | | | |  |
| **DOWSIL™ BRAND PRODUCTS USED AND JOINT TYPE** | | | | | | | | |
| Product | Surface type | | Joint type | | Joint size ( W X D) | Linear feet | Color | Quantity used\*\* |
|  |  | |  | |  |  |  |  |
|  |  | |  | |  |  |  |  |
|  |  | |  | |  |  |  |  |
|  |  | |  | |  |  |  |  |
|  |  | |  | |  |  |  |  |

*\*The warranty is issued only when the completion date has been reached.*

## *\*\*If AllGuard was used, you are required to list the total square footage and amounts used (pails or gallons).*

NB: Invoices related to this project must be paid in full for the warranty be issued.

Please send this form by fax (514) 852-4560 or by email: [administration@valtec.ca](mailto:natacha.corbeil@valtec.ca)