



# WARRANTY APPLICATION

Length of Warranty: \_\_\_\_\_

Type of Warranty: \_\_\_\_\_

Type of Roofing System & Products used: \_\_\_\_\_

Owner: \_\_\_\_\_

Applicator: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Structure Description & Substrate: \_\_\_\_\_

Structure Name/Building No(s): \_\_\_\_\_

Structure Location: \_\_\_\_\_

Installation Size: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Price/sf: \_\_\_\_\_

Invoice # (s) for project material: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**PLEASE ATTACH PROJECT SPECIFICATIONS WITH THIS APPLICATION.**

**NOTE: YOU MUST BE A QUALIFIED APPLICATOR OF GCMC AND MEET THE GCMC STANDARD SPECIFICATIONS AND REQUIREMENTS FOR YOUR PROJECT BEFORE A WARRANTY WILL BE ISSUED. PLEASE CONTACT A GENERAL COATINGS REPRESENTATIVE PRIOR TO APPLICATION. WARRANTY FEES MAY APPLY.**

Please fill-out and fax back to:

Fax: (559) 495-4009  
General Coatings  
Attn: Nutan Thapa

From: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

