



## WARRANTY APPLICATION FORM

Project/Building Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name of Warranty Holder: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor Used for Application: \_\_\_\_\_

TRC Products Used: \_\_\_\_\_

Quantity of Products Used (gallons or # of buckets): \_\_\_\_\_

Square Footage of Roof: \_\_\_\_\_

Application Rate: \_\_\_\_\_

TRC Authorization: \_\_\_\_\_ Date: \_\_\_\_\_