



## Warranty Request Form

**KOSTER Approved Applicator:** \_\_\_\_\_

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

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

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

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

KOSTER Rep or Distributor: \_\_\_\_\_

**Project Name:** \_\_\_\_\_

Project Address Street: \_\_\_\_\_

Project Address City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Project Documentation:**

Date project was started: \_\_\_\_\_ Date project was finished: \_\_\_\_\_

KOSTER products applied--VAP: \_\_\_\_\_ Primer: \_\_\_\_\_ SLU: \_\_\_\_\_

Size of Floor coated: \_\_\_\_\_ square feet

Flooring system installed over KOSTER VAP I product: \_\_\_\_\_

Batch Nos. of VAP, Primer, SLU (attach add'l pages): \_\_\_\_\_

**Please attach a floor plan of the building and mark the areas that were coated.**

### **Mail Original Warranty To:**

Name: \_\_\_\_\_

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

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

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

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

### **Approved Applicator Signature:**

I hereby certify that I have applied all products in strict compliance with all KOSTER application specifications on "Structurally sound" and clean areas in which the concrete meets acceptable industry standards, after appropriate testing to confirm the substrate is suitable for the application of the product. Any information that is erroneous or incomplete will result in the cancellation of any warranty provided or promised for this project or voiding of any warranties to be supplied by KOSTER American Corp for any of its products involved in this project.

I acknowledge that the provided information is accurate and true to the best of my knowledge:

\_\_\_\_\_  
Signature of KOSTER Approved Applicator

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

\_\_\_\_\_  
Printed Name and Title: