



KOSTER VAP I® 2000 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 Owner: _____

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

Printed Name and Title: _____