

PROJECT COMPLETION

WARRANTY NUMBER	COMPLETION DATE
PROJECT NAME	PROJECT OWNER:
ADDRESS	TOTAL ROOF AREA:
PRO	DDUCTS/SYSTEMS ———
Polyurethane Foam System:	
Resin Lot Numbers:	
Iso Lot Numbers:	
Total lbs. SPF Used:	
Thickness Specified: in.	
Coating System:	
Batch/Lot Numbers:	
Gallons Used: Base Coat:	Top Coat:
Coating Thickness Specified: dry	y mils.
INSPECTION REQUIREMENTS:	RUGGED AUTHORIZED APPLICATOR:
Are there special access requirements? Yes No	Name
Describe:	Address
	City State Zip
Roof access is responsibility of the contractor. Contractor rep must be present.	Phone email
SEND THIS FORM UPON SUBSTANTIAL PROJECT COMPLETIO	I hearby certify that the above information is correct and that the project is complete as of the date listed above.
RUGGED COATINGS - WARRANTY DEPT 3217 Messer Airport Hwy, Birmingham, AL 35222 205.440.4996 warranty@ruggedcoatings.com	APPLICATOR
	signature
	printed name