

TREMCO INCORPORATED - WARRANTY INFORMATION FORM

Use this form to collect the information needed to request a Tremco warranty. **Once you have gathered the necessary information, you must submit your warranty request using our online system: Sealants Warranty Information System Exchange (SWISE): <https://warranty.tremcosealants.com/users/login.aspx>**

If you need assistance, please call or email the warranty administrator at warrantyadmin@tremcoinc.com (216-292-5181).

PROJECT/JOB NAME _____

Address/City/State/Zip _____

OWNER _____

Address/City/State/Zip _____

Phone _____

PROJECT TYPE: _____ **New Project**
_____ **Restoration Project**

APPLIED TO: _____ **Interior**
_____ **Exterior**
_____ **Interior & Exterior**

BUILDING ELEVATION: _____ *(Number of Stories)*

BUILDING TYPE: _____
(i.e. hospital, office building, sports facility, etc.)

PRODUCT(S) USED:

_____	_____	_____
<i>(Product Name)</i>	<i>(Ln or sq footage, qty. for molded corners, part numbers for gaskets/extrusions)</i>	<i>Dollar value</i>

_____	_____	_____
<i>(Product Name)</i>	<i>(Ln or sq footage, qty. for molded corners, part numbers for gaskets/extrusions)</i>	<i>Dollar value</i>

WATERPROOFING MEMBRANE APPLICATION (if applicable): horizontal, vertical, or both? _____

LENGTH OF WARRANTY: _____ *(Number of years requested)*

TYPE OF USE: _____ *(i.e., expansion joints, below grade, etc.)*

INFORMATION IN THIS BOX WILL BE REQUIRED FOR EACH PRODUCT OR PRODUCT SYSTEM USED. IF YOU NEED MORE SPACE, USE ADDITIONAL COPIES OF THIS FORM.

JOB COMPLETION DATE: _____

APPLICATOR/INSTALLER _____

Address/City/State/Zip _____

Phone _____

DISTRIBUTOR _____

Address/City/State/Zip _____

ARCHITECT/ENGINEER _____

Address/City/State/Zip _____

Phone _____

GENERAL CONTRACTOR _____

Address/City/State/Zip _____

Phone _____

SPECIAL INSTRUCTIONS: _____

EMAIL ADDRESS(ES): _____ *(warranty will be emailed in 1 business day)*
