

# Notice of Completion – X-Tenda Coat™ Restoration Coating Warranty

Warranty Number \_\_\_\_\_ Completion Date \_\_\_\_\_

Project Name \_\_\_\_\_ Total Roof Area \_\_\_\_\_

## PRODUCTS/SYSTEM

Coating System \_\_\_\_\_

Batch/Lot Numbers \_\_\_\_\_

Gallons Used: Base Coat \_\_\_\_\_ Top Coat \_\_\_\_\_

Coating Thickness Specified \_\_\_\_\_ dry mils.

**Send this form upon substantial project completion to:**

**Carlisle SynTec Systems  
Warranty Services**

P.O. Box 7000  
Carlisle, PA 17013  
Ph: 800.441.9773  
Fax: 717.245.7121  
warrantyapplication@carlisleccm.com

## Carlisle Authorized Applicator

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

- Invoice(s) attached?
- Is a ladder required?
- Will an applicator rep be on site?
- Are there special access requirements?

Describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above information is correct and that this Carlisle project is complete and leak free as of the date listed above.

## Applicator

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_