

WARRANTY APPLICATION FORM FOR NEVERFADE® EXTERIOR COATINGS INSTALLATION

NEVERFADE®
FAÇADE RESTORATION COATINGS

Please fill out the information below and submit back to sales@apvcoatings.com. This form must be filled out in its entirety, signed and submitted to APV Engineered Coatings within 90 days of the completion of the job.

FOR PROPERTY OWNER/OWNER'S OFFICIAL REPRESENTATION ONLY:

I have read and agree to the terms and conditions as stated in the NeverFade® Warranty:

Signature

Date

PROPERTY OWNERSHIP INFORMATION:

Printed Name and/or Company

Address of Property

Phone

Email

Mailing Address

(If different)

FOR CONTRACTOR/APPLICATOR ONLY:

I have read and agree to the terms and conditions as stated in the NeverFade® Warranty. I believe the following information reported below in regards to the NeverFade® and associated systems application as an APV Engineered Coatings® Certified Contractor or Approved Applicator is accurate and complete. **I have followed the guidelines for surface preparation, application, and safety requirements as outlined in the field coatings guide, technical data sheets and safety data sheets:**

Primary Job Foreman Name

Signature

Date

ADDITIONAL APPLICATOR/ KEY PERSONNEL INVOLVED:

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

CONTRACTOR/APPLICATOR INFORMATION:

Company Name

Address

Phone

Email

PURCHASE AND USAGE DETAILS:

Purchase Order Reference # Purchase Order Date

1) Item Code Quantity Ordered Quantity used

2) Item Code Quantity Ordered Quantity used

3) Item Code Quantity Ordered Quantity used

4) Item Code Quantity Ordered Quantity used

Purchase Order Reference # Purchase Order Date

1) Item Code Quantity Ordered Quantity used

2) Item Code Quantity Ordered Quantity used

3) Item Code Quantity Ordered Quantity used

4) Item Code Quantity Ordered Quantity used

**Please attach PURCHASE AND USAGE DETAILS form for additional purchase orders.*

TOTAL TOPCOAT ORDERED **TOTAL PRIMER ORDERED**

PROJECT AND PREPARATION DETAILS:

I have read and followed the guidelines for surface preparation, application, and safety requirements as outlined in APV's field coatings guide, technical data sheets and safety data sheets.

Project Start Date Project Completion Date

Jobsite Address

Specific Location Details

Type of Substrate(s)

Structure Condition *(check all that apply)* New Construction Aged Facade Interior Exterior

Surface(s) Being Painted *(check all that apply)* Previously Painted Bare Aluminum Bare Steel Concrete/Masonry Stucco Other

Surface Preparation Tests Conducted

Surface Preparation Work *(check all that apply)* Pressure Wash Scuff Sand Sandblast Solvent Wipe/Wash Other

Surface Condition Notes/
Additional Information

INSTALLATION

Please use this page to record each installation day. Please submit photos of the job and surfaces before, during and after to your APV Representative or to sales@apvcoatings.com. All tests including adhesion tests need to be submitted as well with a close up of the finished crosshatch for recording purposes.

Installation # Date Time Started AM/PM Time Finished AM/PM

Relative Humidity (RH)

Prior to Installation of Primer Prior to Installation of Topcoat
During Installation of Primer During Installation of Topcoat

Air Temperature (°F)

Prior to Installation of Primer Prior to Installation of Topcoat
During Installation of Primer During Installation of Topcoat

Surface Temperature (°F)

Prior to Installation of Primer Prior to Installation of Topcoat
During Installation of Primer During Installation of Topcoat

Precipitation (Yes/No & time)

Day Before Installation Day of Installation
Day After Installation (Within 24 hrs) **TOTAL HOURS OF PRECIPITATION**

Item Code(s) Applied in this Install Substrate(s) Coated

Mixing Details

Type of Mixer Used Length of Time Mixed

Method of Application (Check all that apply)

Brush Brand Type of Bristles
 Roller Brand Nap Size
 Spray Type
Model # Tip Size Nozzle

Wet Mil Thickness Readings (3 minimum)

Defects Present Craters Pinholes Fisheyes Blisters Checking Cracking
(check all that apply)
 Other

Application Issues, Notes, Comments, or Additional Information from the Installation

INSTALLATION

Please use this page to record each installation day. Please submit photos of the job and surfaces before, during and after to your APV Representative or to sales@apvcoatings.com. All tests including adhesion tests need to be submitted as well with a close up of the finished crosshatch for recording purposes.

Installation # Date Time Started AM/PM Time Finished AM/PM

Relative Humidity (RH)

Prior to Installation of Primer	<input type="text"/>	Prior to Installation of Topcoat	<input type="text"/>
During Installation of Primer	<input type="text"/>	During Installation of Topcoat	<input type="text"/>

Air Temperature (°F)

Prior to Installation of Primer	<input type="text"/>	Prior to Installation of Topcoat	<input type="text"/>
During Installation of Primer	<input type="text"/>	During Installation of Topcoat	<input type="text"/>

Surface Temperature (°F)

Prior to Installation of Primer	<input type="text"/>	Prior to Installation of Topcoat	<input type="text"/>
During Installation of Primer	<input type="text"/>	During Installation of Topcoat	<input type="text"/>

Precipitation (Yes/No & time)

Day Before Installation	<input type="text"/>	Day of Installation	<input type="text"/>
Day After Installation (Within 24 hrs)	<input type="text"/>	TOTAL HOURS OF PRECIPITATION	<input type="text"/>

Item Code(s) Applied in this Install Substrate(s) Coated

Mixing Details

Type of Mixer Used	<input type="text"/>	Length of Time Mixed	<input type="text"/>
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Method of Application (Check all that apply)

<input type="checkbox"/> Brush	Brand <input type="text"/>	Type of Bristles	<input type="text"/>
<input type="checkbox"/> Roller	Brand <input type="text"/>	Nap Size	<input type="text"/>
<input type="checkbox"/> Spray	Type <input type="text"/>		
Model #	<input type="text"/>	Tip Size	<input type="text"/>
		Nozzle	<input type="text"/>

Wet Mil Thickness Readings (3 minimum)

Defects Present Craters Pinholes Fisheyes Blisters Checking Cracking
(check all that apply)
 Other

Application Issues, Notes, Comments, or Additional Information from the Installation

FOR APV USE ONLY

Job had an in-person inspection and approval by APV Representative

Job was inspected and approved by Applicator through written and visual documentation

This warranty application has been received by APV Engineered Coatings. This signature denotes that the written warranty agreement as described by APV Engineered Coatings, has been granted to the property owner stated on the first page of this document.

APV Personnel
(Print Name)

Signature

Date

ADDITIONAL PURCHASE AND USAGE DETAILS FORM

Please use this form to list additional purchase orders made and attach this to the warranty application form.

Purchase Order Reference # Purchase Order Date

1) Item Code Quantity Ordered Quantity used

2) Item Code Quantity Ordered Quantity used

3) Item Code Quantity Ordered Quantity used

4) Item Code Quantity Ordered Quantity used

Purchase Order Reference # Purchase Order Date

List the Item
Code(s), Quantity
Ordered, and
Quantity used

Purchase Order Reference # Purchase Order Date

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