

## **WARRANTY APPLICATON**

Type of Warranty:		☐ 35 Year Kynar 500/Hylar 5000 Finish				
		30 Year Silicone-Modified Polyester Finish				
		25 Year Galvalume Substrate				
		20 Year Watertightness (Installer Pre-Approval Only)*				
Project Name:			Installer	·-		
Address:				Address:		
City:			City:			
State:	Zip	:	State:	Zip:	Phone:	
Owner Name:						
Address:						
City:						
State:	Zi	p:		Phone:		
Motal Panal Systa	me I=	voice Number				
Metal Panel Syste	ms m	voice number:				
Panel System: Color:						
	)ato:					
Roof Completion I	Date:					
* Watertight warrantie Panel Systems prior to installation. 3) Watert	es mus install ight w	ation. 2) Applicator mus arranties do not apply t	st be pre-ap o residentia	proved by N I application		
* Watertight warrantie Panel Systems prior to installation. 3) Watert	es mus install ight w <b>tors s</b>	ation. 2) Applicator mus arranties do not apply t	st be pre-ap to residentia u are ack	proved by National application nowledgin	Metal Panel Systems prior to	
* Watertight warrantie Panel Systems prior to installation. 3) Watert	es mus install ight w tors s	ation. 2) Applicator musarranties do not apply t signature below yo lication is current a	st be pre-ap to residentia u are ack and accur	proved by National application nowledginate.	Metal Panel Systems prior to as.  ng that all information	