



WARRANTY CLAIM FORM

Report Date: _____ Install Date: _____ Loss Date: _____

Customer Name (PRINT): _____

Certified Installer (Y/N): _____ Last Certified: _____

Liner Type: _____ Tube # _____ Liner Length: _____

Cal Tube Type: _____ Diameter: _____ Length: _____

Resin Type: _____ Resin Lot #: _____ Hardener/Catalyst: _____

Resin Temperature at "Wet Out": _____ Hardener/Catalyst Temp. at "Wet Out": _____

Mix Components (Hardener/Base or Base & Catalyst): Base _____ Hardener: _____ Catalyst: _____

Curing Process Used: (Ambient Temp, Hot Water, Steam, Other?) _____

Vacuum Pump Used? (Y/N): _____ Calibration Roller (Y/N): _____ Gap Setting if Y: _____

Inversion or Pull In Place: _____ Inversion Pressure: _____

Curing Time? _____ Outdoor Temperature: _____

Resin Temperature: _____ Hardener/Catalyst Temperature: _____

Submit sample(s) of failed materials with this form. Claims for defective material cannot be processed without documentation and testing of samples of failed material

Describe in Detail What Occurred: _____

Use back of form for more space if needed

When did the issue occur? _____

Video available (Y/N): _____ Field Installation Report Available (Y/N): _____

Prepared by: _____ Date: _____

Signature: _____