



DECKING - PRE-JOB WARRANTY REQUEST

Issue # _____

Name of Deck Project: _____ **Contact** _____

Street Address _____ **Phone** _____

City _____ State _____ Zip _____

Deck Owner _____ **Phone** _____

Street Address _____

City _____ State _____ Zip _____

Applicator _____ **Phone** _____

Street Address _____

City _____ State _____ Zip _____

Type of Project: New Construction _____ Remedial (No existing Coating) _____ Remedial (Existing Coating) _____

Type of Warranty: Material and Labor _____ Material _____ 3 Year _____ 5 Year _____

Project Profile:

Total square Footage _____ SQ/FT of Parking Area _____ SQ/FT of Driving Lane _____

Ramp Slope (Inches per Foot) _____ Ramps Square Footage _____

Use of Deck: Auto _____ Large Truck _____ Forklift Truck _____ Deck Type _____

Existing Deck Coating Type _____ Total Thickness of Existing Deck System _____

Number of Levels _____ Any Controlled Environments? _____

Conditions Requiring Special Consideration _____

Specifications:

Substrate _____ Ramp Slope _____ Size (sq/ft) _____ Age of Deck _____

Surface Preparation (complete details) _____

Sealer _____ Application Rate _____

Primer _____ Application Rate _____

Base Coat _____ Application Rate _____ Total Dry Mils _____

Intermediate Coat _____ Application Rate _____ Total Dry Mils _____

Aggregate Type _____ Application Rate _____

Top Coat _____ Application Rate _____

Joint Material _____ Amount Used _____

Resurfacing Material _____ Amount Used _____

Other Details _____

Planned Start-up Date _____ Completion Date _____

Applicators Signature _____ Date _____

Attach the Following: Photo of General and Bad Areas on the Deck and Diagram of Deck including Joints and components on the Deck.

Office Use Only

Volatile Free's Changes _____

Acceptance of Proposal _____ Date _____

By _____ Title _____