



Request for Watermark Material Warranty

Please Fill out and submit this form when the project is **COMPLETED**. One form per system warranty requested.

CCW 711 <input type="checkbox"/> 5yr	CCW MiraSEAL <input type="checkbox"/> 5 yr <input type="checkbox"/> 10yr <input type="checkbox"/> 15yr	CCW Barricoat <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr
CCW MiraDRAIN <input type="checkbox"/> 5yr	CCW MiraDRI <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr <input type="checkbox"/> 15yr	CCW SureSeal EPDM <input type="checkbox"/> 10yr <input type="checkbox"/> 20yr
CCW 703 <input type="checkbox"/> 5yr	CCW MiraCLAY <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr <input type="checkbox"/> 15yr	CCW 500R <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr <input type="checkbox"/> 15yr
CCW 525 <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr	MiraPLY <input type="checkbox"/> 5 yr <input type="checkbox"/> 10yr <input type="checkbox"/> 15yr	

GALLONS USED (LIQUID SYSTEMS): _____ **ROLLS USED (SHEET SYSTEMS):** _____

VERTICAL SQUARE FT: _____ **HORIZONTAL SQUARE FT:** _____

START DATE _____ (MM/DD/YYYY) **DATE OF SUBSTANTIAL COMPLETION** _____ (MM/DD/YYYY)

PROJECT NAME: _____

Address: _____

City: _____ State: _____ Zip: _____

WATERPROOFING CONTRACTOR: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ E-Mail: _____

Phone: _____ Fax: _____

GENERAL CONTRACTOR: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ E-Mail: _____

Phone: _____ Fax: _____

BUILDING OWNER: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ E-Mail: _____

Phone: _____ Fax: _____

ARCHITECT: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ E-Mail: _____

Phone: _____ Fax: _____



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CCW-MIRADRAIN USED: (PLEASE CHECK ALL PRODUCTS USED)

- | | | | | | | |
|---|-------------------------------|-------------------------------|-------------------------------|---------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> 2000 (max 10ft vertical) | <input type="checkbox"/> 5000 | <input type="checkbox"/> 6000 | <input type="checkbox"/> 6200 | <input type="checkbox"/> 6000XL | <input type="checkbox"/> 6200XL | <input type="checkbox"/> HC Drain |
| <input type="checkbox"/> 8000 | <input type="checkbox"/> 9000 | <input type="checkbox"/> 9800 | <input type="checkbox"/> 9900 | <input type="checkbox"/> GR9200 | <input type="checkbox"/> GR9400 | |

Vertical Sq Ft. _____ Horizontal Sq. Ft. _____

Quickdrain Used? Yes No Linear Feet of Quickdrain _____**ACCESSORIES USED: (PLEASE CHECK ALL PRODUCTS USED)**

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> AWP Primer | <input type="checkbox"/> CCW 702 | <input type="checkbox"/> CCW Cav-Grip | <input type="checkbox"/> CCW 715 Damp Concrete Primer |
| <input type="checkbox"/> CCW 550 Primer | <input type="checkbox"/> CCW 702 LV | <input type="checkbox"/> CCW 703 LiquiSeal | <input type="checkbox"/> CCW LM 800XL |
| <input type="checkbox"/> CCW 704 Mastic | <input type="checkbox"/> CCW 702 WB | <input type="checkbox"/> CCW MiraCLAY Mastics | <input type="checkbox"/> CCW Protection Cap 250 FR |
| <input type="checkbox"/> Protection Board H | <input type="checkbox"/> CCW MiraSTOP | <input type="checkbox"/> CCW MiraCLAY Granules | <input type="checkbox"/> CCW Protection Fabric 200 V |
| <input type="checkbox"/> Protection Board HS | <input type="checkbox"/> CCW 201 | <input type="checkbox"/> CCW 705 Strips | <input type="checkbox"/> CCW Protection Fabric 300 HV |
| <input type="checkbox"/> CCW LiquiFiber-W | <input type="checkbox"/> CCW DCH Fabric | <input type="checkbox"/> CCW 500R Reinforcing Fabric | <input type="checkbox"/> Sure Seal Water Cut-Off Mastic |
| <input type="checkbox"/> EP95 | <input type="checkbox"/> CCW Liqui-Deck | <input type="checkbox"/> CCW 1104 Butyl Sealant | <input type="checkbox"/> Insulfoam Insulation |
| <input type="checkbox"/> HP 250 | <input type="checkbox"/> CCW Seam Tape 3300 | <input type="checkbox"/> CCW Detail Tape 1602 | <input type="checkbox"/> CCW Root Barrier |
| <input type="checkbox"/> Termination Bar | <input type="checkbox"/> Sure Seal Lap Sealant | <input type="checkbox"/> 90-8-30A Bonding Adhesive | <input type="checkbox"/> Sure Seal Protective Mat |
| <input type="checkbox"/> SecurTAPE | <input type="checkbox"/> Sure Seal Splice Cement | <input type="checkbox"/> Sure Seal Splice Cleaner | <input type="checkbox"/> Other _____ |
- Unexposed Flashing CCW-711-90 mil Unexposed Flashing CCW-Neoprene Flashing Exposed Flashing CCW .060 EPDM
- Insulation By others : _____ Other Protection Course _____

BUILDING TYPE: (PLEASE CHECK ALL THAT DESCRIBE THE PROJECT)

- | | | | | |
|---------------------------------------|--|--|----------------------------------|---|
| <input type="checkbox"/> Office | <input type="checkbox"/> Warehouse/Convention | <input type="checkbox"/> Medical Building | <input type="checkbox"/> Bridge | <input type="checkbox"/> Retail Building |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> School/University/College | <input type="checkbox"/> Government Building | <input type="checkbox"/> Road | <input type="checkbox"/> Stadium/Arena |
| <input type="checkbox"/> Tunnel | <input type="checkbox"/> Foundation | <input type="checkbox"/> Wooden Deck | <input type="checkbox"/> Balcony | <input type="checkbox"/> Airport |
| <input type="checkbox"/> Sports Field | <input type="checkbox"/> House/Condo/Apartment | <input type="checkbox"/> Parking Deck/Garage | <input type="checkbox"/> Planter | <input type="checkbox"/> Church/Synagogue |
| <input type="checkbox"/> Other | _____ | | | |

CONSTRUCTION New Refurbished**SUBSTRATE: (PLEASE CHECK ALL THAT APPLY)**

- | | | | |
|---|---|----------------------------------|--|
| <input type="checkbox"/> Below Grade | <input type="checkbox"/> Above Grade/Elevated | <input type="checkbox"/> Gypsum | <input type="checkbox"/> Vented Concrete |
| <input type="checkbox"/> Structural Concrete, PSI _____ | <input type="checkbox"/> Lt Wt. Con., PSI _____ | <input type="checkbox"/> Plywood | <input type="checkbox"/> Steel, _____ga |
| <input type="checkbox"/> Other _____ | | | |

I hereby certify that the above information is correct and that this application is in accordance with CCWI's published instructions and specifications. The above information may be relied upon by the manufacturer for issuing a Carlisle Waterproofing Warranty.

Mail or Fax Completed Form To:

Carlisle Coatings & Waterproofing
Attn: Warranty Department
 900 Hensley Lane
 Wylie, Texas 75098
 (972) 429-6357 Fax
 (972) 517-3131 Phone
 warranty@ccw.carlisle.com

Waterproofing Contractor's Signature_____
Print Name and Title