



Request for Watermark Material Warranty

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

CCW WIP 100 <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr	CCW 705 <input type="checkbox"/> 5yr	CCW 500R <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr <input type="checkbox"/> 15yr
CCW WIP 200 <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr	CCW 705 TWF <input type="checkbox"/> 5yr	CCW MiraDRI <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr <input type="checkbox"/> 15yr
CCW WIP 250 <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr	CCW MiraDRAIN <input type="checkbox"/> 5yr	CCW MiraCLAY <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr <input type="checkbox"/> 15yr
CCW WIP 300HT <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr	CCW Barricoat <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr	CCW 525 <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr
CCW WIP 400 <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr	CCW Barriseal <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr	CCW 711 <input type="checkbox"/> 5yr
CCW WIP 401LT <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr	CCW Barritech VP <input type="checkbox"/> 5 yr <input type="checkbox"/> 10yr	MiraPLY <input type="checkbox"/> 5 yr <input type="checkbox"/> 10yr <input type="checkbox"/> 15yr
CCW WIP 403HR <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr	CCW SureSeal BUTYL <input type="checkbox"/> 10yr <input type="checkbox"/> 20yr	CCW MiraSEAL <input type="checkbox"/> 5 yr <input type="checkbox"/> 10yr <input type="checkbox"/> 15yr
	CCW SureSeal EPDM <input type="checkbox"/> 10yr <input type="checkbox"/> 20yr	

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

AREA SQUARE FT: _____ **DATE OF SUBSTANTIAL COMPLETION** _____ (MM/DD/YYYY)

PROJECT NAME: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

WATERPROOFING CONTRACTOR: _____

CONTACT: _____ **Phone:** _____ **Fax:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

GENERAL CONTRACTOR: _____

CONTACT: _____ **Phone:** _____ **Fax:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

ARCHITECT: _____

CONTACT: _____ **Phone:** _____ **Fax:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

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** _____



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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"/> CCW Protection HS | <input type="checkbox"/> CCW MiraSTOP | <input type="checkbox"/> CCW MiraCLAY Granules | <input type="checkbox"/> CCW Protection Fabric 200 V |
| <input type="checkbox"/> CCW Reinforcing Fabric | <input type="checkbox"/> CCW 201 | <input type="checkbox"/> CCW Protection | <input type="checkbox"/> CCW Protection Fabric 300 HV |
| <input type="checkbox"/> CCW Liqui-Deck | <input type="checkbox"/> CCW 3300 | <input type="checkbox"/> CCW 1104 | <input type="checkbox"/> Insulfoam Insulation |
| <input type="checkbox"/> HP 250 | <input type="checkbox"/> Sure Seal Lap Sealant | <input type="checkbox"/> SecurTAPE | <input type="checkbox"/> EP95 |
| <input type="checkbox"/> Termination Bar | <input type="checkbox"/> Sure Seal Splice Wipes | <input type="checkbox"/> 90-8-30A Bonding Adhesive | <input type="checkbox"/> Sure Seal Protective Mat |
| <input type="checkbox"/> SureSeal In-Seam Sealant | <input type="checkbox"/> Sure Seal Splice Cement | <input type="checkbox"/> Sure Seal Splice Cleaner | <input type="checkbox"/> Sure Seal Water Cut-Off Mastic |
| <input type="checkbox"/> Unexposed Flashing CCW-711-90 mil | <input type="checkbox"/> Unexposed Flashing CCW-Neoprene Flashing | | |
| <input type="checkbox"/> Insulation By others : _____ | <input type="checkbox"/> Exposed Flashing CCW .060 EPDM | | |
| <input type="checkbox"/> Rigid Insulation By: _____ | <input type="checkbox"/> 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 CCW'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