

Construction Products Warranty Request

Warranties will be addressed to installer unless otherwise requested.

Owner

Company Name

Contact Person

Address

CityStateZip

Phone Number

Installer

Company Name

Contact Person

Address

CityStateZip

Phone Number

Project

☐ New☐ Remedial

Project Name

Date of Substantial Project Completion

MonthDayYear

Address

CityStateZip

Limited Weatherseal Warranty		Limited Structural Adhesion Warranty	
Documents Required (see below): 1, 2, and/or 3	Terms (Years)	Documents Required (see below): 1, 2, 3, 4	Terms (Years)
Prod. 1		Prod. 1	
Prod. 2		Prod. 2	
Prod. 3		Prod. 3	

Required Documents	
	1 - Written Recommended Installation procedure provided to Installer
	2 - Project / On-site Adhesion Report provided to MPM
	3 - Adhesion / Compatibility Testing validated in MPM lab
	4 - Drawings / Details reviewed by MPM

Warranty Term (years)	Product
1-20	All SilPruf™, UltraGlaze™
1-15	SilShield™, Optic™, Elemax™
1-10	SilGlaze II
1-10	SWS, SCS1700, SCS1200

Distributor (NOTE: All warranties will be sent to the selling distributor)

Company Name

Contact Person

Address

CityStateZip

Phone NumberFax Number

Email

Comments

Email to: WarrantyRequest@momentive.com