KOSTER VAP I® 2000 Warranty Request Form

KOSTER Approved Applicator:
________________________________________________________

Address Street: __________________________________________
Address City: ____________________________ State: _____ Zip: __________
Contact: ___________________________________________ Phone: __________________________
Fax: ___________________________________________ Email: __________________________
KOSTER Rep or Distributor:

Project Name: __________________________________________
Project Address Street: __________________________________
Project Address City: ____________________________ State: _____ Zip: __________

Project Documentation:
Date project was started: ___________________________ Date project was finished: ___________________________

KOSTER products applied—VAP:______________________ Primer:_______________ SLU:_____________________

Size of Floor coated: __________________________________________ square feet

Flooring system installed over KOSTER VAP I product:______________________________

Batch Nos. of VAP, Primer, SLU (attach add'l pages): __________________________________________

Please attach a floor plan of the building and mark the areas that were coated.

Mail Original Warranty To:

Name: __________________________________________________
Address Street: __________________________________________
Address City: ____________________________ State: _____ Zip: __________
Contact: ___________________________________________ Phone: __________________________
Email: ___________________________________________

Approved Applicator Signature:

I hereby certify that I have applied all products in strict compliance with all KOSTER application specifications on "structurally sound" and clean areas in which the concrete meets acceptable industry standards, after appropriate testing to confirm the substrate is suitable for the application of the product. Any information that is erroneous or incomplete will result in the cancellation of any warranty provided or promised for this project or voiding of any warranties to be supplied by KOSTER American Corp for any of its products involved in this project.

I acknowledge that the provided information is accurate and true to the best of my knowledge:

________________________________________________________ Date: __________________________
Signature of KOSTER Approved Applicator

Printed Name and Title: __________________________________________

To ensure a timely response, please complete this form in its entirety and submit via email to warranties@kosterusa.com

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