

# Construction Products Warranty Request



Warranties will be addressed to installer unless otherwise requested

**OWNER:**      **Company Name:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**INSTALLER:**      **Company Name:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**PROJECT:**      **Name:** \_\_\_\_\_  
 **New**      **Address:** \_\_\_\_\_  
 **Remedial**      **City, State, Zip:** \_\_\_\_\_

DATE OF SUBSTANTIAL PROJECT COMPLETION			
	MONTH	DAY	YEAR

**TYPE OF WARRANTY**

STANDARD MATERIAL	TERM	DOCUMENTS REQUIRED (#1, #2) *LIMITED WEATHERSEAL	TERM	DOCUMENTS REQUIRED (#1, #3, #4) *LIMITED STRUCTURAL ADHESION	TERM
Product 1:		Product 1:		Product 1:	
Product 2:		Product 2:		Product 2:	
Product 3:		Product 3:		Product 3:	

**\*Note: The following documents are required - Limited Weatherseal warranty(s) will require #1 and #2 submittals. Limited Structural Glazing warranty(s) will require #1, #3, and #4 submittals. These documents MUST be submitted prior to the issue of the warranty(s). Please indicate attached documents below:**

- |                                                                                                                                                                                 |                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> #1 Written Recommended Installation Procedure provided to Installer<br><input type="checkbox"/> #3 Adhesion / Compatability validated in Momentive Lab | <input type="checkbox"/> #2 Job Site Adhesion Report provided to Momentive<br><input type="checkbox"/> #4 Drawings / Details reviewed by Momentive |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

**ALL WARRANTIES WILL BE SENT TO THE SELLING MOMENTIVE DISTRIBUTOR.**

**MOMENTIVE DISTRIBUTOR:**      **Company Name:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Return completed form(s) to:** Momentive Performance Materials  
 4045 Cheyenne Court  
 Chino, CA 91710  
 Phone (909) 517-2574  
[WarrantyRequest@momentive.com](mailto:WarrantyRequest@momentive.com)



Exclusive Licensee

