

**SIKA CORPORATION**  
**Warranty Request/Approval Form**

*All information must be completed or form will be returned*

Warranty ID # \_\_\_\_\_

Project Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Contractor: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Warranty Period: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Type of Warranty: Material \_\_\_\_\_ Project \_\_\_\_\_ Standard Material \_\_\_\_\_

Product	Quantity	Square Footage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimated Total Sika Product Value: \_\_\_\_\_

**Approval**

*I hereby acknowledge completion of the above referenced project. I have inspected the work and approve/authorize the processing of the appropriate approved Sika warranty.*

\_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_  
Sales Representative Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Technical Service Manager Signature