

APPLICATION FOR DOW CORNING® PERFORMANCE WARRANTIES**TYPE OF WARRANTY AND PRODUCTS USED: (Please check the product used under the warranty type)**

Weatherseal Warranty	Dow Corning® 123 Silicone Seal System
Dow Corning® 756 SMS Building Sealant	Dow Corning® 123 Silicone Seal <i>with</i> (must select)
Dow Corning® 758 Silicone Weather Barrier Sealant	Dow Corning® 791 Silicone Weatherproofing Sealant or
Dow Corning® 790 Silicone Building Sealant	Dow Corning® 795 Silicone Building Sealant
Dow Corning® 791 Silicone Weatherproofing Sealant	<i>And may also include</i>
Dow Corning® 795 Silicone Building Sealant	Dow Corning® AllGuard Silicone Elastomeric Coating
Dow Corning® 995 Silicone Structural Sealant	
Dow Corning® Contractors Weatherproofing Sealant	
Dow Corning® Contractors Concrete Sealant	

Structural Adhesive Warranty	Parking Structure Warranty
Dow Corning® 795 Silicone Building Sealant	Dow Corning® FC Parking Structure Sealant
Dow Corning® 983 Silicone Glazing & Curtainwall Adhesive / Sealant	Dow Corning® NS Parking Structure Sealant
Dow Corning® 995 Silicone Structural Sealant	Dow Corning® SL Parking Structure Sealant

AllGuard Coating Warranty	
Dow Corning® AllGuard Silicone Elastomeric Coating	→ (Square footage covered and AllGuard amounts required)

PROJECT IDENTIFICATION or Job #:**REQUEST DATE:**

Project Name:	
Job Name:	
Street Address:	
Location: City/State/Province/Postal Code	

Name of the Building Owner to be on the Warranty

Contact Name:		Phone Number:	
Company Name:		Fax Number:	
Street Address:		Email Address:	
City/State/ Postal Code:		Company Website:	

Contractor Certification:

The warranty applicant (Contractor / Applicator) attests that the products to be covered in the Dow Corning Limited Warranty were installed on the referenced project according to Dow Corning requirements set forth in Dow Corning's published of electronic literature and further certifies that only DOW CORNING products have been used for the structural / weatherseal applications.

Warranty should be sent to and copied to the Contractor / Applicator

Contact Name:		Phone Number:	
Company Name:		Fax Number:	
Street Address:		Email Address:	
City/State/ Postal Code:		Company Website:	

Dow Corning® Products were purchased and certified by the following Distributor:

Contact Name:		Email Address:	
Company Name:		Company Website:	

Has Dow Corning of its Authorized Distributor Been Fully Paid for the Products Used

☐ Yes
☐ No

PROJECT INFORMATION:

Start Date		Required: Completion Date of Sealant Installation	
Term of Warranty (in years)			
New or		Restoration	Number of Stories
Façade Square Footage Sealed		* Total	North South East West
Surface Type			

Joint Type (weatherseal, structural, 123, cap bead, expansion, perimeter, spandrel, other):

	Joint Size (width x depth)	Linear Feet
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Dow Corning® brand Products Used:

Sealant / * AllGuard Coating / Primer	Color	* Quantity

*** If AllGuard was used, you are required to list the Total Square Footage and Amounts Used (pails or gallons)**

ADDITIONAL REQUIREMENTS for the Structural Adhesion Limited Warranty:

Have the following Dow Corning requirements been met?

- ☐ Blueprint Review
☐ Lab Adhesion Testing
☐ Lab Compatibility Testing

Warranty application should include, as attachments, to this warranty application:

- Blueprint Review Letters,
- Adhesion Testing Recommendation Letters and
- Compatibility Testing Recommendation Letters sent by Dow Corning.

(For faster processing of your warranty application, please fax these letters with your application.)

PLEASE ATTACH ANY ADDITIONAL INFORMATION YOU FEEL IS APPROPRIATE FOR THIS PROJECT, I.E., PHOTOS, CONSULTANT REVIEWS, ETC.

WHEN THE FORM IS COMPLETED, FAX OR EMAIL THIS FORM AND OTHER DOCUMENTS TO: