



Warranty Pre-Registration

RainguardPro.com

NOTE This is not a Warranty Application. You must submit this Pre-Registration to receive our Warranty Application.

Project Name: _____ Date: _____

Location: _____

Applicator Name: _____

General Contractors Name: _____

Phone: _____ Fax: _____

Address

Street Address: _____

Address Line 2: _____

City: _____ State: _____

ZIP Code: _____

Anticipated/ Expected Start Date: _____

Building Materials *Check all that applies.*

- | | |
|---|--|
| <input type="checkbox"/> Smooth Block | <input type="checkbox"/> Brick |
| <input type="checkbox"/> Splitface Block | <input type="checkbox"/> Sandblsted Block |
| <input type="checkbox"/> Fluted/ Scored Block | <input type="checkbox"/> Exposed Aggregate |
| <input type="checkbox"/> Stucco | <input type="checkbox"/> Lightweight Block |
| <input type="checkbox"/> Concrete Tilt-Up | <input type="checkbox"/> Other _____ |

Type of Construction *Check all that applies.*

- Reinforced Masonry
- Tilt-Up
- EFIS
- Unknown
- Other: _____

Type of Mortar Joints *Check all that applies.*

- Raked
- Tooled
- Other: _____

Condition of Mortar Joints:

Including: 90° Corners, Bee Holes, Voids, or Shrinkage Cracks, Location and Frequency

Surface Conditions *Check all that applies.*

- | | |
|--|--|
| <input type="checkbox"/> Efflorescence | <input type="checkbox"/> Construction Debris |
| <input type="checkbox"/> Lime Run | <input type="checkbox"/> Dirt |

Cleaning Required?

- Yes
- No

Structural Cracking

- Step Cracks
- Vertical Cracks
- Other: _____

Location of Structural Cracks:

Caulking *Check all that applies.*

- | | |
|---|---|
| <input type="checkbox"/> Windows | <input type="checkbox"/> Vents |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Dissimilar Materials |
| <input type="checkbox"/> Control Joints | |

Roof Installed?

- Yes
- No

Downspouts and/or Gutters Installed?

- Yes
- No

Caulking?

- Yes
- No

Parapet Wall Seal

- | | |
|--------------------------------------|---|
| <input type="radio"/> None | <input type="radio"/> Membrane |
| <input type="radio"/> Rolled Roofing | <input type="radio"/> Elastomeric Coating |
| <input type="radio"/> Tar | <input type="radio"/> Other: _____ |
| <input type="radio"/> Open | |

Parapet Wall Cap

- None
- EFIS
- Metal
- Roofing Material
- Elastomeric
- Masonry
- Other: _____

Building Ready for Material Application

- Clean
- Dry
- Other: _____

Recommended Rainguard Material(s)

Products to be used: _____

Estimated take-off of surfaces to be sealed: _____

Estimated Sq. Ft. Spread Rate: _____

Does Applicator have current TDS and SDS

- Yes
- No
- If 'No' please select what is missing**
- TDS
- SDS

Will you be using previously purchased materials?

- Yes
- No

If 'Yes' How much material: _____

Printed Name

First: _____ Last: _____

Signature

X _____