



Application for Written Warranty

Please type or print legibly. **The project must be completed prior to submitting the warranty application.** The completed form may be mailed to the Corporate Office address listed below, faxed to 951-602-6064, or e-mailed to debi@omega-products.com.

Building Owner		
Building Address		
City	State	Zip
Project Start Date	Project End Date	Square Feet Installed

Applicator		Approved Applicator #
Applicator's Address		
City	State	Zip
Phone Number	Fax Number	

SYSTEM AND OR PRODUCTS USED	YRS
<input type="checkbox"/> AkroFlex Barrier with AkroFlex Finish */**	10
<input type="checkbox"/> AkroFlex WM with AkroFlex Finish */**	10
<input type="checkbox"/> AkroFlex WM+ with AkroFlex Finish */**	10
<input type="checkbox"/> Direct Applied (Restrictions Apply) */**	5
<input type="checkbox"/> Diamond Wall with ColorTek	5
<input type="checkbox"/> Diamond Wall with AkroFlex or Omega Finish */**	7
<input type="checkbox"/> Diamond Wall with admix and AkroFlex or OmegaFlex Finish */**	8
<input type="checkbox"/> Diamond Wall with admix and ColorTek	6

SYSTEM AND OR PRODUCTS USED	YRS
<input type="checkbox"/> AkroFlex or OmegaFlex Finishes *	3
<input type="checkbox"/> AkroLastic or ProPlus Finishes *	5
<input type="checkbox"/> Super Cement with ColorTek	5
<input type="checkbox"/> Super Cement with AkroFlex or OmegaFlex Finish */**	7
<input type="checkbox"/> Super Cement or Diamond Wall	2
<input type="checkbox"/> Diamond Wall PM with AkroFlex or OmegaFlex Finish */**	10
<input type="checkbox"/> Diamond Wall PM with ColorTek	7

- * 3 years added to the above listed warranties when RapidPrime or AkroFlex Primer is used
- ** 2 years added to the above listed warranties when AkroLastic or ProPlus, finish is used
- 3 years added to the above listed warranties when AkroGuard water-resistive/air barrier is used
- 5 years Crack Isolation System (polymer-modified base coat and mesh) is used

The undersigned is either an authorized Officer or Owner of the Omega "Approved Applicator" which is applying for a written warranty from Omega Products International [Omega], for the benefit of the building Owner on which the Omega product was applied. I certify on behalf of the Approved Applicator that the installation of the Omega products was completed in accordance with the architect's, engineer's, local building codes, and Omega system specifications. I understand that Omega is relying upon this representation in the issuance of the warranty being applied for and I agree on behalf of the Approved Applicator, to hold Omega harmless from any and all consequences of any inaccurate or false representation herein.

Applicator's Signature: _____ Title: _____
 Print: _____ Date: _____

Omega Products Official Use – Corporate Office	
Approved By: _____ (Omega Corporate)	Date: _____
Issue Date: September 2016	Warranty #: _____