



RUGGED
COATINGS

NOTICE OF PROJECT COMPLETION

WARRANTY NUMBER _____

COMPLETION DATE _____

PROJECT NAME _____

TOTAL ROOF AREA: _____

PRODUCTS/SYSTEMS

Polyurethane Foam System: _____

Resin Lot Numbers: _____

Iso Lot Numbers: _____

Total lbs. SPF Used: _____

Thickness Specified: _____ in.

Coating System: _____

Batch/Lot Numbers: _____

Gallons Used: Base Coat: _____ Top Coat: _____

Coating Thickness Specified: _____ dry mils.

INSPECTION REQUIREMENTS:

Are there special access requirements? Yes No

Describe: _____

Roof access is responsibility of the contractor.
Contractor rep must be present.

RUGGED AUTHORIZED APPLICATOR:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ email _____

SEND THIS FORM UPON SUBSTANTIAL PROJECT COMPLETION TO:



RUGGED
COATINGS

RUGGED COATINGS - WARRANTY DEPT
5 W Airpark Vista Blvd,
Dayton, NV 89403
775.301.1689
warranty@ruggedcoatings.com

I hereby certify that the above information is correct and that the project is complete as of the date listed above.

APPLICATOR

signature

printed name