

PERMASHIELD PREMIUM WARRANTY REQUEST FORM

MONOPOLE, INC.
4661 ALGER ST., LOS ANGELES, CA 90039
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(Must be completed by Applicator/Contractor)

Project Name _____

Address _____

SUBSTRATE QUESTIONS

Please Check The Following That Apply To The Substrate:

Surface Previously Coated: Yes No Other: _____

If Coated, specify type and age of coating _____

Substrate: Concrete Block Tilt-ups Stucco Wood Other: _____

CONCRETE: Tilt-ups Poured-in-Place Other: _____

BRICK STUCCO EIFS Other: _____

BLOCK: Split Face Smooth Fluted Other: _____

Condition of Surface: New Old/Coated Old/Uncoated Chalking Other: _____

Bee Holes/Voids: Yes No Condition: _____

Efflorescence: Yes No Cleaning Required: Yes No

Structural Cracking: Type and Location: _____

Required Capping Of All Stem Walls & Parapets Installed: Yes No

Metal: _____ Elastomeric: _____ Other: _____

Roof Installed: Yes No Downspouts Installed: Yes No

Caulking Installed: *Windows:* Yes No *Doors:* Yes No

Expansion Or Control Joints Caulked: Yes No

Flashing & Scuppers Installed: Yes No

Parapet Wall (Backside) Waterproofed: Yes No

Below Ground Walls Waterproofed: Yes No

Building Dry, Clean, & Ready For Coating: Yes No Other: _____

Surface Preparation (Specify): _____

PRODUCT APPLICATION QUESTIONS

AQUASEAL ME12 (Sealer)

If the surface is coated/painted, then there is no need for Aquaseal ME12

Quantity of product used: _____

Number of coats and time between coats: _____

Square Footage: _____

Method of Application: _____

Weather conditions during application: _____

Starting date and completion date: _____

PERMASHIED BASE (Base Coat)

Quantity of product used: _____

Number of coats and time between coats: _____

Dry mil thickness of each coat: _____

Square footage: _____

Method of application: _____

Weather conditions during application: _____

Starting date and completion date: _____

PERMASHIELD PREMIUM (Anti-Graffiti Topcoat)

Quantity of product used: _____

Number of coats and time between coats: _____

Dry mil thickness of each coat: _____

Square footage: _____

Method of application: _____

Weather conditions during application: _____

Starting date and completion date: _____

FINISHED SYSTEM

Surface Condition(s): _____

Recommendations: _____

Applicator/Contractor Signature

Monopole Authorized Signature

Date: _____

Date: _____

