



AVM Industries, Inc. Warranty Request Form

Use One Form for Each Warranty Requested

Today's Date _____

Date of Substantial Completion _____

Project Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Waterproofing Contractor: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ E-mail: _____ Phone: _____

Building Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ E-mail: _____ Phone: _____

System Used		
System 100	Sq. Ft. Over Concrete	Sq. Ft Over Plywood
System 700/750, Tile Waterproofing	Sq. Ft. Over Concrete	Sq. Ft Over Plywood
System 500/502, Aussie Membrane	Vertical Sq. Ft.	Horizontal Sq. Ft.
System 520 Aussie Membrane	Vertical Sq. Ft.	Horizontal Sq. Ft.
System 580-AL Aussie Mate	Vertical Sq. Ft.	Horizontal Sq. Ft.
System 550 Aussie Skin	Vertical Sq. Ft.	Horizontal Sq. Ft.
System 560 Aussie Skin	Vertical Sq. Ft.	Horizontal Sq. Ft.
System 590 Aussie Clay	Vertical Sq. Ft.	Horizontal Sq. Ft.
Dual System, Aussie Skin/500_502	Vertical Sq. Ft.	Horizontal Sq. Ft.
Dual System, Aussie Skin/Aussie Clay	Vertical Sq. Ft.	Horizontal Sq. Ft.
Other	Vertical Sq. Ft.	Horizontal Sq. Ft.

Warranty Selection		
Application	Warranty Type	Duration
Below-Grade	Standard Material	5yr
Decks and Planters	Aussie Guard	10yr
	Other (Please Specify)	15yr
		20yr

Waterproofing Applicators Signature

Print Name and Title

Email this form to warranty@avmindustries.com