



DEPENDABLE, LLC VAPORSEAL HM 10 YEAR WARRANTY APPLICATION

PART 2: CERTIFIED APPLICATOR POST-INSTALLATION REPORT

Must be submitted after installation of the product.

Date: _____

Project Name: _____

Project Address: _____

Project Owner Name for Warranty: _____

Address: _____ Tel: _____

City: _____ State: _____ ZIP: _____

Applicator Company: _____ Tel: _____

Address: _____ City: _____ ZIP: _____

Lead Applicator or Job Foreman: _____

1. Installation commenced on _____ and was completed on _____
2. Number of containers used: _____ * Total area treated: _____ SF
3. Batch numbers on containers or copy of invoice:

4. Area(s) treated (description):

5. Other products Used:
Floor Leveling Product: _____
Adhesive: _____
Floor Covering: _____
(provide product data sheets)
6. Certified moisture tests prior to application: _____ lbs/24 h/1000 SF (ASTM F-1869)
(Attach reports)
7. Certified relative humidity tests prior to application: _____ (ASTM F-2170) attach reports
8. Final moisture tests performed: _____ lbs/24 h/1000 SF (Attach reports)

Project Owner: _____
Signature

Applicator: _____
Signature

Print Name: _____ Title: _____

Print Name _____ Title: _____

Date: _____

Date: _____