

Company: _____



Your Supplier of North American Premier
Waterproof Vinyl Sundeck System

Duradek Warranty Information

Building & Building Owner Information (required)

Owner _____

Owner Address _____

City _____ State _____ Zip _____

Phone (____) _____

Building Name: _____

Building Address: _____

Address _____

City _____

State _____ Zip _____

Installation Information

Deck type _____
i.e. 3/4 CCX Plywood TG, Concrete, 1/4 Hardie over elastomeric, etc

New - Recover Direct - Recover w/overlay

Vented - Open Soffit - Vapor Retarder Below Slab

Deck Moisture Reading Prior to Installation _____%

Date of Installation: _____

Technician's Name/s: _____

Square feet installed: _____

Product Name: _____

PON # if possible _____

As an Authorized Duradek Installation Company, I/we certify information to be true and accurate and that the deck, membrane and perimeter detail installation is installed in accordance to Duradek's current specifications, recommendations and requirements.

_____ / ____ / ____
print signature date

Deck Use Information

Check all that apply

- Roof Swimming Area Walkway Balcony Carport Recreational Deck
- Over Living Area Garage Floor Interior Other _____

Occupancy Information

Check all that apply

- Single Family Residence Commercial
- Multiple Family Residence Industrial

Warranty Type and Duration Information

Check all that apply

- 5 Year Add Duradek Membranes
- 10 Year ** Ultra Products Only **
- Custom Prior Approval Required
- Single Source Deck & Rail
Duradek Ultra Membrane & Durarail System Warranty
Specific application techniques may apply,
consult your Duradek Representative.

DURADEK NORTHWEST

Toll free 1.800.442.9215

FAX (253) 939-6096

EMAIL duradeknw@duradek.com