

**HYLOAD WARRANTY APPLICATION  
MASONRY FLASHING PRODUCTS**

**HYLOAD, INC.  
5020 ENTERPRISE PARKWAY  
SEVILLE, OH 44273  
PHONE: (800) 457-4056  
FAX: (330) 769-4153**

Warranty Requested:

- Lifetime Material Only Warranty  
No Charge

Hyload Material Specified: \_\_\_\_\_

**PROJECT** \_\_\_\_\_

Area Name or Designation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact(s) \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Project Completion Date \_\_\_\_\_

**Building Owner** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact(s) \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Architect/Consultant** \_\_\_\_\_  
Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact(s) \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Quality Control performed by:** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
QC Inspector \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Masonry Contractor** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
President/Owner \_\_\_\_\_ Job Foreman \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Hyload materials were purchased from:**  
Distributor/Representative \_\_\_\_\_ Contact \_\_\_\_\_

**Project Specifications Prepared By:** \_\_\_\_\_  
• Architect • Consultant • Owner • Other \_\_\_\_\_

**Type of Project:** • New Construction • Replacement • Retrofit

**Use of Structure:** \_\_\_\_\_

**Hyload Membrane Used:** \_\_\_\_\_ **No. of Square Feet:** \_\_\_\_\_

**Adhesion:** \_\_\_\_\_

**Accessories:** List any additional products planned for use with the Hyload products installed. Include cloaks, adhesives, primers, mastics, etc. \_\_\_\_\_  
\_\_\_\_\_

The undersigned masonry contractor hereby warrants (a) that is has complied with Hyload's written specifications and recommended installation practices with respect to the job described herein, (b) that it has made such installation in a good and workmanlike manner.

**Masonry Contractor:** \_\_\_\_\_

**By:** \_\_\_\_\_

Authorized Signature of Masonry Contractor

**Date:** \_\_\_\_\_

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TO BE COMPLETED BY HYLOAD, INC.

**Warranty Number Assigned:** \_\_\_\_\_

Scope of this project has been reviewed and accepted by the Hyload Technical Department.

**Accepted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Warranty being sent to:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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