



# Application for Written Warranty

Please type or print legibly. The project must be completed prior to submitting the warranty application. An original signed copy of the application must be mailed to the Corporate Office address listed below. To expedite the processing, a copy may be faxed to 951-602-6064 or e-mailed to debi@omega-products.com.

Building Owner		
Building Address		
City	State	Zip
Project Start Date	Project End Date	Square Feet Installed
Applicator		Approved Applicator #
Applicator's Address		
City	State	Zip
Phone Number	Fax Number	

SYSTEM AND OR PRODUCTS USED	YRS
<input type="checkbox"/> AkroFlex Barrier with AkroFlex Finish */**	10
<input type="checkbox"/> AkroFlex WM with AkroFlex Finish */**	10
<input type="checkbox"/> AkroFlex WM+ with AkroFlex Finish */**	10
<input type="checkbox"/> Direct Applied (Restrictions Apply) */**	5
<input type="checkbox"/> Diamond Wall with ColorTek	5
<input type="checkbox"/> Diamond Wall with AkroFlex or Omega Finish */**	7
<input type="checkbox"/> Diamond Wall with admix and AkroFlex or OmegaFlex Finish */**	8
<input type="checkbox"/> Diamond Wall with admix and ColorTek	6

SYSTEM AND OR PRODUCTS USED	YRS
<input type="checkbox"/> AkroFlex or OmegaFlex Finishes *	3
<input type="checkbox"/> Akrolastic Finishes *	5
<input type="checkbox"/> AkroSil Finishes *	5
<input type="checkbox"/> Super Cement with ColorTek	5
<input type="checkbox"/> Super Cement with AkroFlex or OmegaFlex Finish */**	7
<input type="checkbox"/> Super Cement or Diamond Wall	2
<input type="checkbox"/> Diamond Wall PM with AkroFlex or OmegaFlex Finish */**	10
<input type="checkbox"/> Diamond Wall PM with ColorTek	7

- \* 3 years added to the above listed warranties when OmegaFlex or AkroFlex Primer is used
- \*\* 2 years added to the above listed warranties when Akrolastic or AkroSil finish is used

Crack Isolation System adds the following to the above listed warranties:  3 years for Method One  5 years for Method Two

The undersigned is either an authorized Officer or Owner of the Omega "Approved Applicator" which is applying for a written warranty from Omega Products International, Inc. [Omega], for the benefit of the building Owner on which the Omega product was applied. I certify on behalf of the Approved Applicator that the installation of the Omega products was completed in accordance with the architect's, engineer's, local building codes, and Omega system specifications. I understand that Omega is relying upon this representation in the issuance of the warranty being applied for and I agree on behalf of the Approved Applicator, to hold Omega harmless from any and all consequences of any inaccurate or false representation herein.

Applicator's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Omega Products Official Use – Corporate Office	
Approved By: _____ (Omega Corporate)	Date: _____
Issue Date: March 2008	Warranty #: _____

6101 Dexter St.  
Commerce City, CO 80022  
Phone: (303) 736-4470

3362 Fitzgerald Road  
Rancho Cordova, CA 92881  
Phone: (916) 635-3335

**Corporate Office**  
1681 California Ave. Corona, CA 92881  
Phone: (951) 737-7447  
Fax: (951) 520-2594

5420 Aldrin Court  
Bakersfield, CA 93313  
Phone: (661) 835-0155

5576 Wynn Road  
Las Vegas, NV 89118  
Phone: (702) 739-9040