

WARRANTY SUPPLEMENT

Project Information

Project Name:		CONTRACT AMOUNT:	
Location/Address:		Today's Date:	
City, Prov, PC:		Approx. Start Date:	

Painting Contractor

Inspector

Contact Name:		Contact Name:	
Phone:		Phone:	

General Contractor

Architect / Specifying Authority

Contact Name:		Contact Name:	
Phone:		Phone:	

Substrate:	Paint Application:
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Interior Exterior Sprayed Rolled Brushed No. coats applied to date:

Status of project at inspection stage:
Reason for not contacting APCA prior to initiating work process:
Reason for requesting inspection of work process:
Condition of substrate prior to applications:
Has work completed to date been conducted according to specifications of the MPI Architectural Painting Specification Manual or Repaint Manual?
If not, or if unsure, please indicate:
Indicate any problems or difficulties with the process to date, or if there are any issues that may cause a problem or difficulty in the future:
Names of actual painters/staff that conducted work so far:

The undersigned contractor or firm declares that for the purposes of any warranty provided by the APCA, the information provided in the statements set forth herein are true and correct and that all reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this form. The undersigned further agrees that if any significant change or difference in the condition declared in this form would render any warranty assumed or implied null and void.

Painting Contractor - Signature	Date	Inspector - Signature	Date
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