



Please type or print legibly. **The project must be completed prior to submitting the warranty.** The completed form may be mailed to the Corporate Office address listed below or faxed to 408-292-3872.

Building Owner		
Building Address		
City	State	Zip
Project Start Date	Project End Date	Square Ft Installed

Applicator		
Applicator's Address		
City	State	Zip
Phone Number	Fax	

SYSTEM AND OR PRODUCT USED	YRS	SYSTEM AND OR PRODUCT USED	YRS
<input type="checkbox"/> Superior Uniwall with Superior Color Coat	5	<input type="checkbox"/> Superior Premium Cement with Superior Color Coat	5
<input type="checkbox"/> Superior Uniwall with Superior Acrylic Finish*	7	<input type="checkbox"/> Superior Premium Cement with Superior Acrylic Finish*	7
<input type="checkbox"/> Superior Uniwall with Admix & Superior Acrylic Finish*	8	<input type="checkbox"/> Superior Premium Cement or Superior Uniwall	2
<input type="checkbox"/> Uniwall with Admix & Superior Color Coat	6	<input type="checkbox"/> Superior Uniwall PM with Superior Acrylic Finish*	10
<input type="checkbox"/> Superior Acrylic Finish*	3	<input type="checkbox"/> Superior Uniwall PM with Superior Color Coat	7

☐ \* 3 Years added to the above listed warranties when Superior Base Primer is used

☐ 5 Years added to the above listed warranties when the Superior Crack-Guard (polymer-modified base coat and mesh) is used

The undersigned is either an authorized Officer or Owner of the Superior Stucco "Approved Applicator" which is applying for a written warranty from Stucco Supply, for the benefit of the building Owner on which the Superior Stucco product was applied. I certify on behalf of the Approved Applicator that the installation of the Superior Stucco products was completed in accordance with the architect's, engineer's local building codes, and Superior Stucco system specifications. I understand that Superior Stucco 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 Superior Stucco harmless from any and all consequences of any inaccurate or false representation herein.

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

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

Stucco Supply Co. Official Use - Corporate Office	
Approved by: _____	Date: _____ Warranty #: _____

1601 Little Orchard Street  
San Jose, CA 95110  
(408) 292-0454

442 Longfellow Court, Ste. D  
Livermore, CA 94550  
(925) 373-3496