

## WARRANTY REQUEST\*

Licensed/Contractor:	Account number:
Project Address	
Street/Road:	
Suburb:	
Town/City:	
Warranty for (owner, builder, etc): Date of completion of work:	
Work completed as per specification – (tick those applicable)	
□ EZPanel System (April 2025)	□ Bagged Brick (April 2025)
$\Box$ Caviteclad EIFS System (August 2024)	□ ICF Plastering (April 2025)
□ Caviteclad XPS System (August 2024)	□ Masonry Wall Insulation(April 2025)
$\Box$ Caviteclad K5 System (August 2024)	□ EZfenz System (August 2024)
$\Box$ Thermashell System (August 2024)	□ Slab Edge Insulation System
Plastering Blockwork (April 2025)	□ Solid Plaster Repair System (April 2025)
□ Plastering Brickwork (April 2025)	□ Fibre Cement Repair System (April 2025)
□ Skimming Precast Concrete (April 2025)	□ EIFS Repair System (April 2025)
Other: Please specify name and version or attach the specification.	
Finish	
□ Float	□ Coventry Coarse
	Sienna Coarse
□ Spanish	□ Sienna Natural
□ Spray texture	□ Flexifloat
□ Other	□ Acrashield Concrete
Painting	
Dulux Acratex Acrashield Advance	Colour:
I, the LBP plasterer, confirm I have followed the specification identified above and the corresponding installation manual, drawings, and BRANZ appraisal where applicable.	
Name: LBP number:	Signature:

This warranty request must be signed by the LBP plasterer.

\*All warranty requests are subject to approval at the discretion of Specialized Construction Products (SCP) and may not be available in every circumstance. Warranties are subject to terms and conditions set out in the relevant warranty document. A determination by SCP to grant a warranty is based on the information provided by the signatory and does not constitute a determination by SCP that the system was installed in accordance with the applicable specification.