



# Application for Written Warranty

Please type or print legibly. **The project must be completed prior to submitting the warranty application.** The completed form may be mailed to the Corporate Office address listed below, faxed to 951-602-6064, or e-mailed to [dmosqueda@omega-products.com](mailto:dmosqueda@omega-products.com).

PROJECT OWNER	PROJECT ADDRESS	
PROJECT START DATE	PROJECT END DATE	SQUARE FEET INSTALLED
APPLICATOR COMPANY NAME	ADDRESS	
APPROVED APPLICATOR NO.	PHONE	EMAIL

Select the wall system or product used on the project from the Base System column, then select the finish used with the wall system from the Finish column in the Base System row (if applicable), and lastly choose any options used from the Options column in that same row (if applicable). The warranty length is the sum of the years from the base system, finish, and options used on the project. For example, a project using Diamond Wall (3 years) with OmegaFlex (4 years), and Primer (3 years) would have a 10-year warranty.

BASE SYSTEM	Yrs	FINISH	Yrs	OPTIONS	Yrs	TOTAL Yrs
<input type="checkbox"/> Diamond Wall	3	<input type="checkbox"/> ColorTek	+2	<input type="checkbox"/> Admix	+1	
<input type="checkbox"/> Diamond Wall Pro	6	<input type="checkbox"/> OmegaFlex or AkroFlex	+4	<input type="checkbox"/> Primer	+3	
<input type="checkbox"/> Super Cement	3	<input type="checkbox"/> AkroLastic or ProPlus	+6	<input type="checkbox"/> Crack Isolation System	+5	
		<input type="checkbox"/> Non-Omega Finish	+0	<input type="checkbox"/> AkroGuard WRB	+3	
<input type="checkbox"/> AkroFlex Barrier EIFS	10	<input type="checkbox"/> AkroFlex	+0	<input type="checkbox"/> Primer	+3	
<input type="checkbox"/> AkroFlex WM EIFS	10	<input type="checkbox"/> AkroLastic or ProPlus	+2			
<input type="checkbox"/> AkroFlex WM+ EIFS	12					
<input type="checkbox"/> AkroGold Direct Applied	5	<input type="checkbox"/> AkroFlex	+0	<input type="checkbox"/> Primer	+3	
		<input type="checkbox"/> AkroLastic or ProPlus	+2			
<input type="checkbox"/> Crack Isolation System (standalone)	3	<input type="checkbox"/> ColorTek with admix	+2	<input type="checkbox"/> Primer	+3	
		<input type="checkbox"/> OmegaFlex or AkroFlex	+4			
		<input type="checkbox"/> AkroLastic or ProPlus	+6			
		<input type="checkbox"/> Non-Omega Finish	+0			
<input type="checkbox"/> AkroGuard WRB (standalone)	6					6
<input type="checkbox"/> AkroFlex or OmegaFlex Finishes (standalone)	3			<input type="checkbox"/> Primer	+3	
<input type="checkbox"/> AkroLastic or ProPlus Finishes (standalone)	5					

Notes:

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 [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 SIGNATURE	APPLICATOR NAME (PRINT)
TITLE	DATE

*Omega Products Official Use – Corporate Office*

VERIFIED BY	ISSUED BY	DATE	WARRANTY NO.
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Dec 2023