



# LAURENCO WATERPROOFING

DIVISION OF FBC CHEMICAL CORPORATION  
P.O. Box 599, Mars, Pennsylvania, 16046 Phone 800-321-3337 Fax 800-543-3338

## PROJECT REGISTRATION FORM

PROJECT NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

BID DATE: \_\_\_\_\_

JOB START DATE: \_\_\_\_\_

JOB SIZE/SQ. FT.: \_\_\_\_\_

TYPE OF APPLICATION: \_\_\_\_\_

SLOPE: \_\_\_\_\_

WATERTABLE: \_\_\_\_\_ SOILS REPORT ATTACHED: Y \_\_\_\_\_ N \_\_\_\_\_

PLEASE CIRCLE WHICHEVER ONE(S) APPLICABLE	LAURENCO NUMBER OF PLIES	SQUARE FOOTAGE
SUB-GRADE:		
SOLDIER PILES, TIEBACKS, WOOD LAGGING:		
SHEET PILING:		
BLINDSIDE:		
MUD SLAB:		
SHOTCRETE:		
PLAZA DECK:		
DECKS:		
ROOF:		
GREEN ROOF:		
SPLIT SLAB:		
PARKING STRUCTURE / DRIVEWAY:		
CONCRETE:		
ASPHALT:		
DRAINAGE MATERIAL:		
PROTECTION BOARD:		
[VERTICAL]		
[HORIZONTAL]		
[SLOPE]		

**APPLICATOR NAME:**

ADDRESS:

CITY STATE ZIP:

PHONE:

FAX:

CONTACT NAME:

CELL / EMAIL ADDRESS:

**OWNER NAME:**

ADDRESS:

CITY STATE ZIP:

PHONE:

FAX:

CONTACT NAME:

CELL / EMAIL ADDRESS:

**ARCHITECT NAME:**

ADDRESS:

CITY STATE ZIP:

PHONE:

FAX:

CONTACT NAME:

CELL / EMAIL ADDRESS:

**CONSULTANT NAME:**

ADDRESS:

CITY STATE ZIP:

PHONE:

FAX:

CONTACT NAME:

CELL / EMAIL ADDRESS:

GC OR CM NAME:

ADDRESS:

CITY STATE ZIP:

PHONE:

FAX:

CONTACT NAME:

CELL / EMAIL ADDRESS:

FINAL PROPOSED USE:

**PLEASE PROVIDE COPIES OF THE SPECIFICATION AND CURRENT DETAILS.**

**WARRANTY INFORMATION:**

PLEASE NOTE: As of June 1st, 2015 all new projects seeking a warranty will be charged according to the schedule of fees.

**IF YOU WILL BE REQUESTING A WARRANTY, PLEASE SELECT WHICH TYPE:**

**BRONZE - MATERIAL ONLY WARRANTY**

**SILVER - MATERIAL & LABOR WARRANTY**

**GOLD - MATERIAL & LABOR WARRANTY - NDL**

**GOLD PLUS - MATERIAL & LABOR WARRANTY - NDL -**

**INCLUDES REMOVAL AND REPLACEMENT OF PRE-APPROVED OVERBURDEN**

**PLATINUM - Available on a job by job basis only. Please contact Laurenc Technical Department for specific requirements and associated fees.**

**LENGTH OF WARRANTY?**

**When would you like to be billed for your warranty?:**

I would like to be invoiced on receipt of this registration form for the above selected warranty.

I would prefer to wait until the project is completed to receive an invoice for the warranty fee.

**NOTE:** If you would prefer to wait until the project is completed, we will send an invoice once the formal warranty application is received. However, please understand that no warranties will be issued until the warranty fee is paid.

Once the project is completed, copies of all invoices will be required before the warranty is issued.

*Please return to FBC either by fax 724-625-1640 or  
email [sarahudac@fbcchem.com](mailto:sarahudac@fbcchem.com)  
or mail FBC Chemical Corp. P.O. Box 599 Mars, Pennsylvania 16046*



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## BILLING INFORMATION:

**As of June 1, 2015 all projects seeking a warranty will be charged according to the schedule of fees. Please fill out the requested information to ensure the proper party is invoiced. No warranties will be issued until the fee is paid.**

Project Name: \_\_\_\_\_

Company Name: \_\_\_\_\_  
(Please use full legal name)

Company Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a fee is applicable, I wish to receive my **invoice** via:

\_\_\_\_\_ Fax: The fax number is: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Attention: \_\_\_\_\_

\_\_\_\_\_ E-Mail: The e-mail address is: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_ Regular Mail

PLEASE RETURN TO LAURENCO WATERPROOFING BY:

**EMAIL: [sarahhudac@fbcchem.com](mailto:sarahhudac@fbcchem.com)**

**Or FAX: 800-543-3338**