



4456 S. Clifton, Wichita, KS 67216 λ 316 522-9346 λ 800 676-7346 λ Fax: 316 522-9346

**Section 3** (to be completed upon project completion)

Project Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

**Project Detail:**  
Was the entire project, listed in Section 1, treated?  Yes  No  
If No, Describe the specific areas that were treated with Professional® Water Sealant:  
\_\_\_\_\_  
\_\_\_\_\_

**Application Information:**  
Professional® Water Sealant Formulation used: **PWS-5** (Regular)\_\_\_\_\_ **PWS-8** (Extra)\_\_\_\_\_  
Product Batch # (s) (located on stick on label on product container)\_\_\_\_\_  
Number of Gallons Used: \_\_\_\_\_  
Square Footage of Area Treated for Water Repellent Protection:\_\_\_\_\_  
Actual Coverage Rate (divide the number of sq ft treated by the number of gallons used): \_\_\_\_\_ sq ft/gal  
Application Date (s):\_\_\_\_\_ Application Method:\_\_\_\_\_  
Weather Conditions:\_\_\_\_\_  
Distributor Name and Address: \_\_\_\_\_  
*Copies of product purchase invoices must be submitted with this application.  
Fax to: 316-522-9346 or scan and email to Ken@watersealant.com*

**Project Manager Certification:**  
I certify that the information provided on this application is correct and that the product was applied in accordance with Professional Products of Kansas' Application Instructions.  
Project Manager:\_\_\_\_\_ Signature:\_\_\_\_\_

Submitted By: \_\_\_\_\_  
Phone:\_\_\_\_\_ Fax:\_\_\_\_\_ email:\_\_\_\_\_

*One Application per Project*