



JAMES HARDIE SCYON™ LINEA™ / SCYON™ STRIA™ / PRIMELINE®
PAINT WARRANTY REGISTRATION FORM

PROJECT DETAILS

COMPANY: _____
OWNER BUILDER / PAINTING CONTRACTOR: _____
ADDRESS: _____ STATE: _____ P/CODE: _____
CONTACT: _____ TEL: _____
SITE ADDRESS: _____
CONTACT: _____ TEL: _____

APPLICATION DETAILS

NAME OF PRE-PRIMED JAMES HARDIE BOARD: _____
DATE PRE-PRIMED JAMES HARDIE BOARD WAS FIXED TO JOB: _____
SURFACE PREPARATION: _____

	SOLAGARD SHEEN LEVEL (Gloss / Low Sheen)	SOLAGARD COLOUR	M ² / LT
FIRST COAT:			
SECOND COAT:			

Refer to Watty! Product Data Sheets and applicator manuals for coverage details.

WARRANTY DURATION: 15 YEARS AREA OF PROJECT: _____ M²
COMPLETION DATE: / /
SOLAGARD OUTLET LOCATION: _____
DOCKET NUMBER: _____
BATCH NUMBER/S: _____

APPLICATOR COMPLETION STATEMENT:

I hereby certify that the above stated system has been carried out in full accordance with the data and recommendation of Watty! Australia Pty Ltd.

PRINT NAME: _____ DATE OF COMPLETION: / /
APPLICATORS SIGNATURE: _____

Please post completed / signed form back to: Watty! Technical Services, PO Box 6464, BLACKTOWN NSW 2148

OFFICE USE ONLY

AUTHORITY SIGNED: _____
WARRANTY NUMBER: _____ DATE OF ISSUE: / /