

WARRANTY REQUEST*

Licensed/Contractor: Project Address Street/Road:		Account number:
Suburb:		
Town/City:		
Warranty for (owner, builder, etc): Date of completion of work:		
Work completed as per specification – (tick those applicable)		
□ EZPanel System (March 2024)	□ Bagged Brick (March 2022)	
□ Caviteclad EIFS System (August 2024)	□ ICF Plastering (March 2022)	
□ Caviteclad XPS System (August 2024)	□ Masonry Wall Insulation (March 2022)	
\Box Caviteclad K5 System (August 2024)	□ EZfenz System (August 2024)	
\Box Thermashell System (August 2024)	□ Slab Edge Insulation System	
Plastering Blockwork (March 2022)	□ Solid Plaster Repair System (October 2022)	
Plastering Brickwork (March 2022)	□ Fibre Cement Repair System (October 2022)	
□ Skimming Precast Concrete (October 2022)	EIFS Repair System (October 2022)	
Other: Please specify name and version or attach the specification.		
Finish		
□ Float	□ Coventry Coarse	
□ Sponge	🗆 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.