

Signature of AC• Tech Representative

AC•Tech Pre-Project Approval Form

Project Name:	Date:
Project Size:	Est. Work Start Date:
Product(s) Specified:	
Approved Applicator:	Title:
Contact Ph:	Contact Email:
approved the Pre-Project Section of and that application of all specified A approval is contingent on the following. 1. Information contained within the success. The applicator has been trained and Applicator, or is awaiting training and 3. The applicator has read and under	ubmitted Project Survey is correct and accurate. Indiapproved by AC•Tech as an Approved approval and is eligible for warranty coverage. Instructions are stated on all associated AC•Tech Technical
incorrect, this approval shall be null & not be approved, nor will it qualify for Form will not be accepted and a War maintain approval, all discrepancies technical staff within ten (10) working discrepancy for a project that has alre	ey is found to have been falsified, inaccurate or void and proceeding with product application will a warranty. Furthermore, a Warranty Request tranty will not be issued. In order to obtain or must be clarified and resolved with AC•Tech g days of Project Survey submission. If there is a eady been warrantied, that warranty may be limited that AC•Tech staff with any questions or concerns ies.
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