



Mailing : P.O. Box 9027 - Redlands, CA 92375  
Physical: 1725 Howard Place - Redlands, CA 92373  
Ph: (909) 514-1608 / Fx: (909) 514-1893  
[www.safetysteptd.com](http://www.safetysteptd.com)

## Warranty Request

### Applicator's Information:

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number & Fax Number

Total Square Feet:

\_\_\_\_\_  
Color & Pattern:

\_\_\_\_\_  
Date of Completion:

\_\_\_\_\_  
Certified Applicator: (Circle One)  
YES NO

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### Distributor Information:

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State, Zip Code

Phone Number:

\_\_\_\_\_

Contact:

\_\_\_\_\_

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### Project Information:

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

\_\_\_\_\_  
Project Address

\_\_\_\_\_  
City, State, Zip Code

How many years requested:

\_\_\_\_\_

Project Reference Number:

\_\_\_\_\_

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By signing this Warranty Request, I am stating that the above information is true and correct to the best of my knowledge. (Please attach proof of purchase / receipt)

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Print Name & title

\_\_\_\_\_  
Company Name

Please Send warranty to: (circle one)

Applicator

Distributor

Other (attach information)