Available System Warranties

15 YEAR LTD: 25 YEAR LTD

HydroGap® Slicker® Classic

FlatWrap® UV Slicker® Max

Slicker® HP

Please use this form to register your project for the appropriate product and warranty. Warranty registration is only required for multi-family, multi-use, light commercial, over 5-story construction.

Fill out all fields under “Required Information” below and submit via fax, email or to your local Benjamin Obdyke Sales Representative. A Benjamin Obdyke representative will review the registration and return the form with confirmation that the project is registered.

**Submit to:** **email:** [**info@obdyke.com**](mailto:info@obdyke.com) **FAX: 800-217-0617**

**TO BE COMPLETED BY BUILDING PROFESSIONAL OR OWNER**

* HydroFlash Self-Adhered Flashing
* HydroCorner Sill Solution
* Staples
* Cap-Fasteners
* HydroFlash Sealing Tape

REQUIRED INFORMATION

Person submitting form (First + Last Name) ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Estimated Square Feet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verify Products to be used in installation

* HydroGap
* FlatWrap UV
* Slicker Classic
* Slicker HP
* Slicker Max

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

*Please reference product installation instructions for required installation methods as well as full warranty details and requirements. Documents available at* [*www.benjaminobdyke.com*](http://www.benjaminobdyke.com)*.*

For Internal Use Only

Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Information Complete: Yes\_\_\_\_ No\_\_\_\_

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

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