



FLATWRAP HP SYSTEM REGISTRATION
 FlatWrap® WRB
15 YEAR LTD WARRANTY

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.

Registration form must be submitted prior to beginning of product installation.

Submit to: email: techsupport@obdyke.com **FAX: 215-672-3731**

TO BE COMPLETED BY BUILDING PROFESSIONAL OR OWNER

REQUIRED INFORMATION	
Person submitting form (First + Last Name) _____	
Profession _____	
Phone _____	Email _____
Project Name _____	
Project Address _____	
Estimated Square Feet _____	
Project System Install Date _____	
Date Final Cladding Material to be Installed* _____	
Verify Products to be used in installation	
<input type="checkbox"/> FlatWrap HP	<input type="checkbox"/> HydroFlash Flashing (specify)
<input type="checkbox"/> Cap-Fasteners	<input type="checkbox"/> HydroFlash GP
<input type="checkbox"/> Seam Tape - HydroFlash 2.3" or HydroTape DS (optional)	<input type="checkbox"/> HydroFlash UV+
<input type="checkbox"/> HydroCorner Sill Solution (optional)	<input type="checkbox"/> HydroFlash LA
Signature _____	Date _____
<i>*Date warrantied system is to be enclosed</i>	

Please reference product installation instructions for required installation methods as well as full warranty details and requirements. Documents available at www.benjaminobdyke.com.

<i>For Internal Use Only</i>	
Date Received _____	Project Information Complete: Yes ___ No ___
Confirmed System Install Date _____	Confirmed Coverage Date _____
Signature _____	Date _____