



WARRANTY REGISTRATION FORM

Dealer/Distributor: _____ **Date:** _____

Project Name: _____ **Bldg. Type:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Owner: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

AIA Firm: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Project Completion Date: _____

Installation Company: _____ **Phone:** _____

I hereby warrant that TABS II products have been installed in accordance with: project plans and specifications, TABS WALL SYSTEMS installation manual and building code requirements.

Installer: _____
(Print Name) Signature

I hereby approve that the TABS WALL SYSTEMS was properly installed to: the project plans and specifications, TABS WALL SYSTEMS installation manual and building code requirements.

General Contractor: _____
(Print Name/Company) Signature