Warranty Application

For ThermoSeal® Spray Foam Insulation Products

ThermoSeal USA
PO Box 32, New Canaan, CT 06840
(203) 900-7190
info@thermosealusa.com

*** Must be emailed to info@thermosealusa.com no later than 10 days from job completion**

Licensed Contractor Information

Exact Trade Name (as licensed)

Telephone Number | E-mail Address

Street Address | City | State | Zip | Country

Building / Homeowner Information

First Name | Last Name

Job Address / Street | City | State | Zip

Home / Cell Number | Fax Number | E-mail Address

Building Type (Residential / Commercial / Industrial) | Total Square Footage

Job Start Date | Job Completion Date

Confirmation of Information Accuracy & Release of Authority to Verify

The licensed contractor ("Contractor") applying for this warranty, jointly and individually certifies that all information in this warranty application is complete and factual, and understands that ThermoSeal USA will rely on the accuracy of this information for the purpose of warranting its products. ThermoSeal USA is hereby authorized to contact any parties listed herein and to verify any information contained in this application. In the event the Contractor fails to pay for the products installed in this residence/building, the warranty becomes void.

Authorized Signature | Title | Date Signed

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Products Used

Please use a new entry for each section/area sprayed. Attach an additional page if more space is needed.

1.

Location / Area Sprayed (e.g. roofdeck, walls, rim joist) _____ Product Name (e.g. ThermoSeal 800, ThermoSeal 5G) _____

Lot Number(s) Installed _____ R-Value Required _____ Thickness Installed (inches) _____

2.

Location / Area Sprayed (e.g. roofdeck, walls, rim joist) _____ Product Name (e.g. ThermoSeal 800, ThermoSeal 5G) _____

Lot Number(s) Installed _____ R-Value Required _____ Thickness Installed (inches) _____

3.

Location / Area Sprayed (e.g. roofdeck, walls, rim joist) _____ Product Name (e.g. ThermoSeal 800, ThermoSeal 5G) _____

Lot Number(s) Installed _____ R-Value Required _____ Thickness Installed (inches) _____

4.

Location / Area Sprayed (e.g. roofdeck, walls, rim joist) _____ Product Name (e.g. ThermoSeal 800, ThermoSeal 5G) _____

Lot Number(s) Installed _____ R-Value Required _____ Thickness Installed (inches) _____

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Authorized Sprayers

Please list all ThermoSeal Authorized Sprayers who worked on this job.

1.

Full Name of Sprayer (please print) _____ Training Certificate Date _____

2.

Full Name of Sprayer (please print) _____ Training Certificate Date _____

3.

Full Name of Sprayer (please print) _____ Training Certificate Date _____

4.

Full Name of Sprayer (please print) _____ Training Certificate Date _____

5.

Full Name of Sprayer (please print) _____ Training Certificate Date _____

* To become a ThermoSeal Authorized Sprayer at no cost, visit **thermosealusa.com** and click the Training link. ThermoSeal's warranty requires anyone spraying our foam to pass the free online training course every two years.

Effective Date: April 10, 2026 | Supersedes all prior warranty application forms.