Warranty Transfer Request

CavityComplete® Wall System for Steel Stud with Masonry Veneer
10 Year Limited Material and Replacement Warranty

Original Owner Warranty Information

Serial No: _____

Original Building Owner: _____

Original Name of Building or Building Occupant: _____

Building Address: _____

Date of Receipt of Project Profile: _____

Date of Receipt of Project Completion Notice: _____

Effective Date of Warranty: _____

New Owner Information

New Building Owner: _____

Current Name of Building or Building Occupant: _____

Building Address: _____

Date of Ownership Transfer: _____

To transfer the CavityComplete® Wall System for Steel Stud with Masonry Veneer 10 Year Limited Material and Replacement Warranty:

1. The term of the original warranty must not be expired.
2. There shall have been no substantial change of use of the building covered by the original warranty.
3. There shall have been no additions, alterations or repairs that involve or affect the CavityComplete® system or any of its components.
4. There shall be no other deviations or violations of the terms of the original warranty for which transfer is requested, or other circumstances deemed by the CavityComplete® manufacturer group (the "CCMG"), consisting of Owens Corning Sales LLC, PROSOCO, Inc., Mortar Net Solutions, Heckmann Building Products, Inc. and Rodenhouse, Inc., to warrant denial of the requested transfer.

The CCMG will review the submitted documentation to verify eligibility for transfer. The submitter of the Warranty Transfer Request will be notified of transfer eligibility. A warranty transfer is not effective until a new warranty document naming the new owner is issued. The warranty expiration date shall remain unchanged from the original warranty.

Building Use:			
New Owner:	New Owner Address:	New Owner Phone:	New Owner E-Mail:
Transfer Request Submitter:	Address:	Phone:	E-Mail:
Date of Property Transfer:			

I certify that I have read and understood the CavityComplete® Wall System for Steel Stud with Masonry Veneer 10 Year Limited Material and Replacement Warranty issued to the preceding owner of this building and that I am not aware of any alterations, repairs, additions or any other violations of the conditions or limitations of the warranty currently in effect and for which I am requesting transfer. I understand that misrepresentation or falsification of any statements or claims on this form, whether discovered now or during the term of the requested warranty will be cause for rejection of the warranty by the CCMG, and any warranty that did issue will be deemed null and void.

Submitter signature: _____ Date: _____

To be completed by the CavityComplete® Warranty Administration Center:

Reviewer: _____ Date: _____

Acceptance By: _____ Date: _____

For questions please call 844-CAV-COMP

Send CavityComplete® Warranty Transfer Request via e-mail to: cavitycomplete@owenscorning.com

OR Fax to: 419-324-2892, Attention: CavityComplete® Wall System Team Lead

OR Mail to: Attn: Project Profile
CavityComplete® Warranty Administration Center
One Owens Corning Parkway
Toledo, Ohio 43659

The CavityComplete® Wall System excludes the masonry veneer, steel studs and interior and exterior gypsum board. A detailed list of the components is available at www.CavityComplete.com.

CavityComplete.com | 844-CAV-COMP

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