



**ALBERTA
PAINTING
CONTRACTORS
ASSOCIATION**

Alberta Painting Contractors Association

Inspection Warranty Supplement

To be completed by the applicable painting contractor

Project Name: _____ Address: _____

Painting Contractor: _____ Inspector's Name: _____

General Contractor: _____ Specifying Authority: _____

Today's Date: _____ Date Work Started: _____

Status of Project at Inspection Stage: _____

Reason for not contacting APCA prior to initiating work process: _____

Reason for requesting inspection of work process: _____

What is the substrate? _____ What is the paint application? _____

Condition of substrate prior to applications: _____

Interior Exterior Sprayed Rolled Brushed No. Coats applied to date: _____

Has work completed to date been conducted according to specifications of the MPI Architectural Painting Specification Manual or Repaint Manual? _____

If not, or if unsure, please indicate: _____

Indicate any problems or difficulties with the process to date, or if there are any issues that may cause a problem or difficulty in the future: _____

Names of actual painters/staff that conducted work so far: _____

The undersigned contractor or firm declares that for the purposes of any warranty provided by the APCA, the information provided in the statements set forth herein are true and correct and that all reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this form. The undersigned further agrees that if any significant change or difference in the condition declared in this form would render any warranty assumed or implied null and void.

Painting Contractor

Inspector

Date: _____