



SPECIALTY APPLICATION OR PROJECT REVIEW FORM

Please fill this form out in detail and allow us to get familiar with your project

CONTRACTOR:

Company: _____

Contact: _____ Applicator: _____ Lic #: _____

Address: _____

Ph: _____ Fx: _____ Email: _____

Website: _____

EQUIPMENT:

Make: _____ Model: _____ Serial #: _____

Voltage: _____ Gun Model: _____ Chamber Size: _____

Tip Size: _____ Output Max Dynamic Fluid Pressure: _____

Drum Pumps: _____ Heat Range: _____

Compressor: _____ Air Dryer: _____

Agitator (Mixer): _____ Drum Band Heaters: Yes / No

Desiccants/Dryers: _____

APPLICATION:

Description: _____

Surface (to apply to): _____ Surface Temp: _____

Primer: _____

Indoor / Outdoor: _____ Humidity: _____

GENERAL NOTES:

PLEASE USE THIS AREA TO NOTE ANY OTHER IMPORTANT INFORMATION THAT MAY BE REQUIRED:

FOR OFFICE USE ONLY

RECOMMENDATION:

REQUIREMENTS:

IPS Review Analyst: _____ **Date:** _____

Participants Copied:

Name: _____ EM: _____

Name: _____ EM: _____

Name: _____ EM: _____

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