

Warranty Preapproval Form

5 Year

7 Year

Check appropriate box above

Page 1 of 2

Date: _____
Shop Name: _____
Shop Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Contact: _____ Position: _____
Territory Manager: _____ Distributor: _____ City: _____

Collision Repair Shop

Shop Type:
 Dealership Independent Franchise
Direct Repair Programs (DR): _____
Number of Employees: _____
Bodymen: _____ Painters: _____ Prep/Other: _____
Estimated Number of Vehicles Finished Per Week: _____
Estimated Monthly Paint/Coatings Purchases: _____
Number of Bays _____ Separate Prep Area Yes No
EPA Certification Number: _____

Facilities Review

Spray Booth:

Manufacturer: _____ Permit Number: _____ # of Booths: _____
 Downdraft Crossdraft Other (please describe): _____
Condition of Spray Booth: _____
Condition of Booth Filters: _____
Frequency of Filter Replacement: _____
Airflow: High Medium
Does booth have Infrared Lights: No Yes, (Brand) _____

Note: Homemade booths will not qualify for the Warranty Program.

Other Equipment:

Calibrated Mixing Scales: No Yes
Spray Gun Type: HVLP Conventional Siphon Gravity
Brand: _____

Compressor(s):

Type	Tank Size	Horsepower
_____	_____	_____
_____	_____	_____

Is there a dryer for the compressor? No Yes
Are water traps available on air lines? No Yes

Type of water traps: _____ How often drained? _____

Condition of air lines? Good Fair Poor

Does shop have a certified hazardous waste handler? No Yes (name) _____

General comments on shop conditions (maintenance, cleanliness, etc.): _____

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Current Paint Line(s)

Does the shop have a mixing system? No Yes, (Brand): _____

Paint System Used For Color:

Primary System*: _____ Description: _____ Part Number: _____

Other Brands: _____

*must match approved basecoat list, see Addendum A.

Collision Repair Shop Certification(s)

Has the painter been trained through a major paint companies refinish school or other certification program:

No Yes

Painters Name	Company	Type of Training	Date Certified
_____	_____	_____	_____
_____	_____	_____	_____

Below is for 7 Year Warranty Approval Only, skip to next section for 5 Year Warranty Application.

Is the shop currently certified under a lifetime warranty program with a major paint company? No Yes

If yes, what company? _____ Is written documentation attached? No Yes

Does the shop currently offer a lifetime warranty against defects in workmanship? No Yes

Transtar "System" Products to be Purchased for Use

(Include recommended products)

Is this a new or existing customer? New Existing, (How long?) _____

General Comments/Overview: _____

Do not write in this area.

This section will be completed by Transtar.

7 Year Warranty Recommendation:

Approve: No Yes Regional Manager _____ Date _____

Comments: _____

Final Approval (Marketing Department)

5 Year Approve: No Yes Marketing Dept. _____ Date _____

7 Year Approve: No Yes Marketing Dept. _____ Date _____