



syntha pulvin

REQUEST FOR MARINE/INDUSTRIAL GUARANTEE

Please complete the following so that an accurate assessment can be made:

| | |
|---|--|
| NAME OF SYNTHA PULVIN APPLICATOR | |
| PROJECT NAME AND ANY REF. NO. | |
| LOCATION INCLUDING FULL ADDRESS | |
| FABRICATOR(S) | |
| ARCHITECT | |
| SUBSTRATE (ALUMINIUM OR GALV. STEEL) | |
| COMPONENTS TO BE COATED | |
| COLOUR REFERENCE (& GLOSS, MATT OR METALLIC) | |
| DISTANCE IN METRES FROM NEAREST SHORE-LINE/CREEK/HARBOUR ETC | |
| TYPE OF FORESHORE (EG. SAND, SHINGLE, ROCK) | |
| NUMBER OF FLOOR LEVELS | |
| DIRECTION BUILDING FACES | |
| IF INDUSTRIAL ENVIRONMENT GIVE DISTANCE FROM SOURCE OF POLLUTANT | |
| TYPE OF INDUSTRIAL POLLUTANT | |
| HAS PROPOSED BUILDING ANY OTHER BUILDINGS OR LANDSCAPE GIVING PROTECTION OR IS THE LAND FULLY EXPOSED | |
| ARE THERE ANY OTHER ENVIRONMENTAL CONDITIONS TO TAKE INTO CONSIDERATION | |

RESULT OF THIS ENQUIRY (To be completed by H.B. Fuller.)

| | | |
|------------------|------------------|--------------|
| NORMAL GUARANTEE | MARINE GUARANTEE | NO GUARANTEE |
|------------------|------------------|--------------|

THIS FORM MUST BE ACCOMPANIED BY A SCALED PLAN AND/OR ORDINANCE SURVEY MAP MARKING THE PROPOSED PROJECT.
ONCE COMPLETED, THIS FORM WILL BE MARKED WITH OUR DECISION AND RETURNED TO ITS ORIGINATOR WITH A LETTER OF RECOMMENDATION AND A COPY TO THE APPROVED APPLICATOR