

EFIS/ Stucco Certification Form "B"

Sealant Installation Contractor - Company Name and Address:

Completion Date: _____ Job Address: _____
Building Permit Number: _____

The sealant installed in conjunction with an Exterior Insulation and Finish System (EIFS) or Stucco System installed on the structure located at the address indicated above:

_____ **CONFORMS** (To the Stucco System Manufacturer and Sealant Manufacturer's recommended installation practices as given in each manufacturer's listed installation procedures, Evaluation Reports and the Building Code as enforced by this jurisdiction.)

Product Component Names:

Primer(s) _____

Sealers _____

Bond Breakers _____

Sealant Materials _____

INSTALLATION

CONFORMS

Designer's requirements, details and instructions _____

Sealant Manufacturer's details and requirements _____

Stucco System Manufacturer's requirements _____

The information entered above is offered in testimony that the Sealant installation conforms to the sealant manufacturer's installation methods and procedures, as well as the Stucco or EIFS manufacturer's listed evaluation report.

Signature of responsible company officer or installer: _____

Title of Company representative signing this form: _____

Telephone number: _____