



# Air and Water-Resistive Barrier Coatings Laboratory Test Request Form

Month Day Year

Today's Date

**Customer**

Company Name

Contact Person

Address

City

State

Zip

**Project**

Name

Physical Project Address

City

State

Zip

Preferred Cleaning Solvent <input type="checkbox"/> IPA <input type="checkbox"/> Xylene <input type="checkbox"/> Acetone <input type="checkbox"/> Toluene <input type="checkbox"/> Other:	Product										Test							
	GE Elemax* 2600 AWB 17 mil dft	GE Elemax* 5000 liquid flashing 20 mil	GE Elemax* SS Flashing	RF-100 reinforcing fabric	UltraSpan* UT2200	UltraSpan* USM Corners	Other:	Other:	Other:	Other:	Adhesion—ASTM D4541	Adhesion—Modified C794	Compatibility	Other:	Other:	Other:	Other:	
Preferred Silicone Primer <input type="checkbox"/> SS4044P <input type="checkbox"/> GE to recommend <input type="checkbox"/> SS4179 <input type="checkbox"/> SS80	Be specific as to manufacturer/type/ID# and identify which surface is to be tested (e.g., face, edge, back, etc.)																	
Sample Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All Non-GE sealant submitted MUST be accompanied by MSDS paperwork.

**Address Report To**

Company Name

Contact Person

Address

City

State

Zip

Phone Number

Fax Number

Email

**Minimum Sample Sizes and Quantity**

**Sheathing:** One 12" x 12" per product

**Other substrate:** Must be 4" x 4" min.

**Mail form to:**

Construction Sealants Lab Bldg. 25  
 Attn: Randy Rocheleau  
 Momentive Performance Materials Inc.  
 260 Hudson River Road  
 Waterford, NY, 12188  
 Phone: +1 (518) 233-2818  
 Email: randall.rocheleau@momentive.com

A copy of this form must be included with the substrates

GE is a registered trademark of General Electric Company and is used under license by Momentive Performance Materials Inc.  
 \*Elemax, Enduris, Optic, RapidStrength, SilGlaze, SilPruf, SilShield, UltraGlaze, and UltraSpan are trademarks of Momentive Performance Materials Inc.  
 Copyright 2018 Momentive Performance Materials Inc. All rights reserved.