



FLAME RETARDANT PRODUCTS & SERVICES

BUSH FIRE AREAS • VENUES • SCHOOLS • COMMERCIAL

CERTIFICATE

Application of Fire Defender Supplied Fire Retardants

Name of Owner/Builder: _____

Property Address: _____

Phone Number: _____ date treatment completed: ___/___/___

Product Used: _____

Invoice # for purchase of product _____ Inv Date: ___/___/___

This is to certify that the above address has had a Fire Retardant treatment applied to the surfaces list below.

- | | | | | | |
|------------|--------------------------|----------------|--------------------------|-----------------------|--------------------------|
| Facias | <input type="checkbox"/> | Barges | <input type="checkbox"/> | Internal Frame | <input type="checkbox"/> |
| Roof Frame | <input type="checkbox"/> | External Frame | <input type="checkbox"/> | Non Load bearing wall | <input type="checkbox"/> |
| Pergola | <input type="checkbox"/> | Eaves | <input type="checkbox"/> | Load Bearing Wall | <input type="checkbox"/> |
| Deck | <input type="checkbox"/> | Fence | <input type="checkbox"/> | Ceiling | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | _____ | | | |
| Other | <input type="checkbox"/> | _____ | | | |
| Other | <input type="checkbox"/> | _____ | | | |

Applicators Certification:-

I certify that the application of the product _____ has been carried out in accordance with the Manufacturers terms and specifications contained in the products Application Instructions as supplied with the product and/or available from www.firedefender.com.au

Total Wet Film Thickness: _____ (if applicable)

Business Name: _____

ABN: _____

Signed: _____

Date: _____

Name: _____

(Print Name)