

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 Program (DRP): \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
 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 Lifetime 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.): \_\_\_\_\_  
 \_\_\_\_\_

# Warranty Preapproval Form

## 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 Lifetime Warranty Approval Only, skip to next section for 5 Year Warranty Appliation.**

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.**

*Lifetime Warranty Recommendation:*

Approve:  No  Yes Regional Manager \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

*Final Approval (Marketing Department)*

5 Year Approve:  No  Yes Marketing Dept. \_\_\_\_\_ Date \_\_\_\_\_

Lifetime Approve:  No  Yes Marketing Dept. \_\_\_\_\_ Date \_\_\_\_\_