



PAINT TEST KIT RECORD KEEPING FORM



3747 North Booth Street
Milwaukee, Wisconsin 53212-1603
Ph: 877-532-5323

OWNER INFORMATION

NAME OF OWNER/OCCUPANT: _____			
ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____	CONTACT #: (____) _____
E-MAIL: _____			

RENOVATION INFORMATION

FILL OUT ALL OF THE FOLLOWING INFORMATION THAT IS AVAILABLE ABOUT THE CERTIFIED RENOVATOR.			
CERTIFIED FIRM NAME: _____			
ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____	CONTACT #: (____) _____
EMAIL: _____			
CERTIFIED RENOVATOR NAME: _____			DATE CERTIFIED: _____

TEST KIT INFORMATION

USE THE FOLLOWING BLANKS TO IDENTIFY THE TEST KIT USED IN TESTING COMPONENTS.			
<u>TEST KIT</u>			
MANUFACTURER: _____			
PRODUCT NAME: _____			
MODEL: _____	LOT #: _____	(A) EXP. DATE: _____	
	LOT #: _____	(B) EXP. DATE: _____	

