

SECTION 01 62 32
SUBSTITUTION REQUEST FORM

To:	Project:
Attention:	SBC No.:
Specified Item Name and Manufacturer:	Proposed Substitute Item Name and Manufacturer:

1. The following are attached (mark all that apply):
 COMPLETE DESCRIPTION CATALOG
 LABORATORY TESTS SPEC DATA
2. This substitution will have the following effects on dimensions, gauges, weights, etc.:
3. This substitution will have the following effects on wiring, piping, ductwork, etc.:
4. This substitution will have the following effects on other trades:
5. This substitution will have the following effect on construction Schedules:
6. The proposed substitute(s) differs from the specified product(s) in quality and performance as follows:
7. Manufacturer guarantees for the substitute(s) and the specified product(s) are (check one):
 THE SAME DIFFERENT (if different, explain below)

8. Information on the availability of maintenance services and replacement materials for proposed substitute(s) is provided on an attached sheet if applicable.

ATTACHED NOT APPLICABLE

9. Names, addresses, and phone numbers of fabricators and suppliers for proposed substitute(s) are provided on an attached sheet if applicable.

ATTACHED NOT APPLICABLE

10. If the proposed substitution is accepted, it will result in:

NO COST IMPACT A COST INCREASE OF \$ _____

A COST DECREASE OF \$ _____

Attach itemization if a change in cost is indicated.

11. License fees or royalties are pending on the proposed substitute.

NO YES (if yes, explain below)

■ 12. **The undersigned or the firm represented shall pay** for additional studies, investigations, submittals, redesign, and analysis by the Designer necessitated by this substitution request. Payment does not guarantee acceptance.

Substitutions must be requested in accordance with applicable Contract requirements. After bidding, substitutions are to be submitted only by Contractor. Substitute products should not be ordered or installed without written acceptance.

SUBMITTED BY:

Signature:	Date:
Printed Name:	Firm Name:

DESIGNER REVIEW AND COMMENTS:

ACCEPTED REJECTED
 REJECTED (received too late)
 REJECTED (submitted incomplete)

COMMENTS:

Signature:	Date:
Printed Name:	Firm Name:

END OF SECTION