

## SUBSTITUTION REQUEST FORM

To Project Engineer: \_\_\_\_\_ Request # (GC Determined): \_\_\_\_\_

Project Name: \_\_\_\_\_

Project No/Phase: \_\_\_\_\_ Date: \_\_\_\_\_

Specification Title: \_\_\_\_\_

Section Number: \_\_\_\_\_ Page: \_\_\_\_\_ Article/Paragraph: \_\_\_\_\_

Proposed Substitution: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

History: ☐ New product ☐ 1-4 years old ☐ 5-10 years old ☐ More than 10 years old

Differences between proposed substitution and specified Work: \_\_\_\_\_

☐ Point-by-point comparative data attached – REQUIRED BY ENGINEER

Comparative data may include but not be limited to performance, certifications, weight, size, durability, visual effect, sustainable design characteristics, warranties, and specific features and requirements. Include all information necessary for an evaluation.

Supporting Data Attached: ☐ Drawings ☐ Product Data ☐ Samples  
☐ Tests ☐ Reports ☐ Other: \_\_\_\_\_

Reason for not providing specified item: \_\_\_\_\_

Similar Installation: \_\_\_\_\_

Project: \_\_\_\_\_ Architect: \_\_\_\_\_

Address: \_\_\_\_\_ Owner: \_\_\_\_\_

Date Installed: \_\_\_\_\_

Proposed substitution affects other parts of Work: ☐ No ☐ Yes; explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Substitution Certification Statement:**

Unless stated otherwise in writing to the Engineer by the Contractor, Contractor warrants to the Engineer, Architect, and Owner that the:

- ▲ A. Proposed substitution has been fully investigated and determined to meet or exceed the specified Work in all respects.
- B. Proposed substitution is consistent with the Contract Documents and will produce indicated results.
- C. Proposed substitution does not affect dimensions and functional clearances.
- D. Proposed substitution has received necessary approvals of authorities having jurisdiction.
- E. Same warranty will be furnished for proposed substitution as for specified Work.
- F. Same maintenance service and source of replacement parts, as applicable, is available.
- G. Proposed substitution will not adversely affect other trades or delay construction schedule.
- H. Coordination, installation, and changes in the Work as necessary for accepted substitution will be complete in all respects.

_____ Submitting Contractor	_____ Date	_____ Company
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**Manufacturer's Certification of Equal Quality:**

I \_\_\_\_\_ represent the manufacturer of the Proposed Substitution item and hereby certify and warrant to Architect, Engineer, and Owner that the function and quality of the Proposed Substitution meets or exceeds the Specified Item.

_____ Manufacturer's Representative	_____ Date	_____ Company
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**Engineer Review and Recommendation Section**

Recommend Acceptance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Comments:	<input type="checkbox"/> Attached	<input type="checkbox"/> None

**Acceptance Section:**

_____ Contractor Acceptance Signature	_____ Date	_____ Company
_____ Owner Acceptance Signature	_____ Date	_____ Company
_____ Architect Acceptance Signature	_____ Date	_____ Company
_____ Engineer Acceptance Signature	_____ Date	_____ Company