

## Substitution Request Form

To: \_\_\_\_\_ Date: \_\_\_\_\_

Attn: \_\_\_\_\_

Project Name: \_\_\_\_\_  
University of Washington project name and number

Requester: \_\_\_\_\_

1. We hereby submit for consideration, the following product instead of the specified item for above project (submit 4 copies of all information):

| Section                | Paragraph | Specified Item |
|------------------------|-----------|----------------|
| Proposed substitution: | _____     | _____          |
|                        | _____     | _____          |
|                        | _____     | _____          |

2. Attach complete dimensional information and technical data, including laboratory tests, if applicable.

3. Include complete information on changes to Drawings and Specifications which proposed substitution will require for its proper installation.

4. Submit with request all necessary samples and substantiating data to provide equivalent quality, performance, and appearance to that specified. Clearly mark Manufacturer's literature to indicate equivalence in performance. Indicate differences in quality of materials and construction.

5. Fill in blanks below:

A. Does the substitution affect the dimensions shown on the drawings?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, clearly indicate changes:

B. Will the undersigned pay for the changes to the building design, including engineering and detailing costs caused by the requested substitution No \_\_\_\_\_ Yes \_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_

C. What effect does the substitution have on other trades, other Contracts, and the completion date? \_\_\_\_\_

D. What effect does the substitution have on applicable code requirements? \_\_\_\_\_

E. List any differences between the proposed and specified item: \_\_\_\_\_

F. Manufacturer's warranties of the proposed and specified items are:

\_\_\_\_\_ Identical \_\_\_\_\_ Different  
Comment: \_\_\_\_\_  
\_\_\_\_\_

G. List the names and addresses of three similar projects in which the product was used, the date of installation, and the A/E's name and address (attach a list with the requested information):

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

H. Cost impact:

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

The undersigned attests function and quality are equivalent to the specified items.

**Certification of equivalent performance and assumption of liability for equivalent performance.**

|           |          |                    |
|-----------|----------|--------------------|
| _____     | By _____ | _____              |
| Signature | Remarks  | Type or Print Name |
| _____     | _____    | _____              |
| Firm      | _____    | _____              |
| _____     | _____    | _____              |
| Address   | _____    | _____              |
| _____     | _____    | _____              |

**Signature must be by a person having authority to legally bind the Contractor to the above terms.**

**For use by A/E**

\_\_\_\_\_ Accepted \_\_\_\_\_ Not Accepted  
\_\_\_\_\_ Accepted as Noted \_\_\_\_\_ Received Too Late

**Final approval by the University of Washington**

\_\_\_\_\_ Accepted \_\_\_\_\_ Not Accepted by \_\_\_\_\_

**Reviewed by plant engineering**

\_\_\_\_\_ Accepted \_\_\_\_\_ Not Accepted by \_\_\_\_\_