University of Washington
Capital Projects Construction Office

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 intallation.

4. Submit with request all necessary samples and substantiating data to provide equivalent quality, performance, and appearance to that spec
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.

_____
Signature

_____
Firm

_____
Address

_____

By _____ Date _____
Type or Print Name

Remarks _____

_____

_____

_____

_____

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 _____