SECTION 01 62 32
SUBSTITUTION REQUEST FORM

To: Project:
Attention: SBC No.:

<table>
<thead>
<tr>
<th>Specified Item Name and Manufacturer:</th>
<th>Proposed Substitute Item Name and Manufacturer:</th>
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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.  

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**SUBMITTED BY:**  
Signature: Date:  
Printed Name: Firm Name:  

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**DESIGNER REVIEW AND COMMENTS:**  
____ ACCEPTED   ____ REJECTED   
   ____ REJECTED (received too late)   
   ____ REJECTED (submitted incomplete)  

**COMMENTS:**  
Signature: Date:  
Printed Name: Firm Name:  

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END OF SECTION  

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