

01 25 33 – PRODUCT SUBSTITUTION REQUEST FORM

To: <<Designer name>>	Project: <<Project name>>
Attention: <<Designer contact>>	SBC Number: <<Number>>
Specified Item Name and Manufacturer: <<Item name and manufacturer>>	Proposed Substitute Item Name and Manufacturer: <<Item name and manufacturer>>

1. The following are attached (mark all that apply):
☐ Complete Description ☐ Catalog
☐ Laboratory Tests ☐ Specifications Data
2. This substitution will have the following effects on dimensions, gauges, weights, etc.:
<<Comments>>
3. This substitution will have the following effects on wiring, piping, ductwork, etc.:
<<Comments>>
4. This substitution will have the following effects on other trades:
<<Comments>>
5. This substitution will have the following effect on construction schedules:
<<Comments>>
6. The proposed substitute(s) differs from the specified product(s) in quality and performance as follows:
<<Comments>>
7. Manufacturer guarantees for the substitute(s) and the specified product(s) are (check one):
☐ The Same ☐ Different (if different, explain below)
<<Comments>>

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

☐ Attached ☐ Not Applicable

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

☐ Attached ☐ Not Applicable

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

☐ No Cost Impact
☐ A Cost Decrease of \$<<Amount>>
☐ A Cost Increase of \$<<Amount>> As Shown on Attached Itemization

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

☐ No ☐ Yes (if yes, explain below)

<<Comments>>

12. The undersigned shall pay for additional studies, investigations, submittals, redesign, and analysis by the Designer necessitated by this substitution request.

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: <<Date>>
Printed Name: <<Name>>	Firm Name: <<Name>>

13. Designer Review and Comments:

☐ Accepted ☐ Rejected
☐ Accepted as Noted ☐ Rejected (received too late)
☐ Rejected (submitted incomplete)

<<Comments>>

Signature:	Date:
Printed Name:	Firm Name:

14. Owner Review:

Signature:	Date:
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END OF SECTION