



Substitution Request Form

Project Name:	Substitution Request Number:
Project Location:	Date of Request:
Architect/Engineer:	A/E/ Project Number:
Contractor:	
Original Specified Product	
Product:	Manufacturer:
Specification Section:	
Proposed Substitute Product	
Product:	Manufacturer:
Technical Data Attached: YES NO	Installation Instructions Attached: YES NO
Warranty Information Attached: YES NO	Sample Provided: YES NO
Reasons for Proposed Substitute:	
Statement of Impact	
Will the substitution affect project cost or schedule? YES NO	
If yes, explain:	
Certification by Contractor	
I hereby certify that the proposed substitution is equal to or superior in all respects to the specified product and complies with all applicable codes and standards. Contractor Representative Name:	
Title:	Signature: Date:
Architect/Engineer Decision	
Accepted ☐	Signature:
Accepted with Comments ☐	Date:
Rejected ☐	
Comments:	