

SUBSTITUTION REQUEST FORM

Project: _____ Substitution Request Number: _____
To: HMC Architects, Inc. From: _____
Re: _____ Date: _____
Architect's Project Number: _____ Contract For: _____
Specification Title: _____ Description: _____
Section: _____ Page: _____ Article/Paragraph: _____
Proposed Substitution: _____
Manufacturer: _____ Address: _____
Trade Name: _____

Attached data shall include: product description, specifications, drawings, photographs, and performance and test data adequate for evaluation of the request; applicable portions of the data are clearly identified.

Attached data also includes a description of changes to the Contract Documents that the proposed substitutions will require for its proper installation, at no cost to the Owner.

The Undersigned Certifies:

- Proposed substitution has been fully investigated and determined shall be equal or superior in respects to specified product.
- Same warranty will be furnished for proposed substitution as for specified product.
- Same maintenance service and source of replacement parts, as applicable, is available.
- Proposed substitution will have no adverse effect on other trades and will not affect or delay progress schedule.
- Proposed substitution does not affect dimensions and functional clearances.
- Payment will be made for changes to building design, including A/E design, detailing and construction costs caused by the substitutions.
- Reason(s) why substitution is being submitted.
 - ☐ Specified product or material is not available. Explain in detail as attachment.
 - ☐ Cost savings to Owner. Indicate comparative cost analysis as attachment.
 - ☐ Other. Explain:

Submitted by _____

Signed by: _____

Firm: _____

Address: _____

Telephone: _____

A/E's REVIEW AND ACTION

- ☐ Substitution Approved
- ☐ Substitution Rejected as marked below:
 - ☐ Insufficient information submitted
 - ☐ Submitted late.
 - ☐ Information not clearly marked.
 - ☐ Full line product information (Binder not provided).
 - ☐ Does not meet performance / design requirements of Paragraph _____
 - ☐ Comparisons not properly identified on product data sheets.

Signed by: _____ Date: _____

Substantiating Data Required:

- | | |
|--|---|
| <input type="checkbox"/> Drawings | <input type="checkbox"/> Tests if required in individual sections |
| <input checked="" type="checkbox"/> Product Data | <input type="checkbox"/> Reports if required in individual sections |
| <input checked="" type="checkbox"/> Samples | <input type="checkbox"/> Other: _____ |