SUBSTITUTION REQUEST FORM



Project:		
Substitution Request	Number:	From:
To:		Date:
		A/E Project Number:
Re:		Contract For:
Specification Title: _		Description:
Section:	Page:	Article/Paragraph:
Proposed Substitutio	n: ABH POWER TRANS	SFERS
Manufacturer: ABH	MANUFACTURING Ad	ddress: 1222 Ardmore Ave, Itasca, IL Phone: 630-875-9900
Trade Name:		Model No
for evaluation of the re-	equest; applicable potions of t	eations, drawings, photographs and performance and test data adequate the data are clearly identified. Attached data also includes a description losed substitution will require for its' proper installation.
Same warranty will bSame maintenance seProposed substitutionProposed substitution	has been fully investigated and deter e furnished for proposed substitution rvice and source of replacement par will have no adverse effect on the of does not affect dimensions and fund	rts, as applicable, is available. other trades and will not affect or delay progress schedule.
Submitted by:		Signed by:
Firm:		
☐ Substitution approved☐ Substitution rejected —☐ Substitution Request r	 Make submittals in accordance as noted – Make submittals in a Use specified materials. ecceived too late – Use specified 	the with Specification Section 01 25 00 Substitution Procedures. Accordance with Specification Section 01 25 00 Substitution Procedures. In the specification Section 01 25 00 Substitution Procedures.
Supporting Data Att	cached: Drawings Proc	duct Date □ Samples □ Tests □Reports □