



Architectural Windows Mfg, Inc.

PRIOR APPROVAL / SUBSTITUTION REQUEST FORM

Date: _____

Company Submitting Request: _____
(Name and Address)

Contact Name: _____ Phone: _____ Fax: _____

E-Mail: _____

PROJECT NAME: _____

SPECIFIED ITEM: _____
(Section) (Page) (Description)

The undersigned requests consideration of the following product substitution:

PROPOSED SUBSTITUTION: _____
Provide Product Name / Model /Manufacturer

1. Attached data includes: _____ Product Description _____ Performance and Test Data
_____ Drawings _____ Specifications _____ Photographs

2. _____ Yes / No changes will be required to the Contract Documents for the proper installation of proposed product substitution. If yes, then attach data that includes description of changes.

The undersigned states that the following paragraphs, unless modified by attachments, are correct:

- 1. The proposed substitution does not affect dimensions shown on the drawings.
- 2. No changes to the building design, engineering design, or detailing are required by the proposed substitution.
- 3. The proposed substitution will have no adverse effect on other trades, the construction schedule, or **specified warranty requirements.**
- 4. No maintenance is required by the proposed substitution other than that required for originally specified product.
- 5. Other Information

The undersigned further states that they have read the corresponding specification section in the project manual and confirms that the function, appearance and quality of the proposed substitution are equivalent or superior to the originally specified product. _____ initial.

Signature: _____ Printed Name: _____

Fax Number: _____

For Architect's Use:

Accepted Accepted As Noted Incomplete Information
 Not Accepted Received Too Late No Substitutions Accepted For This Product

Reviewed By / Date: _____

Processed by Addendum No. _____

Comments: _____