**Substitution Request**

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| **Project:** |  | **Substitution Request Number:** |  |
|  |  | **From:** | **Signature Craft** |
| **To:** |  | **Date:** |  |
|  |  | **A/E Project Number:** |  |
| **RE:** | **Acoustical Wall Panel Substitution** | **Contract For:** |  |
|  |
|  |  |  |  |
| **Specification Title:**  | Click here to enter text. | **Description:** | Click here to enter text. |
| **Section No:** | Click here. | **Page No:** | Click here. | **Line/Paragraph No:** | Click here to enter text. |
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|  |  |  |  |
| **Proposed Substitution:** | **Truetone Hi-Impact Acoustical Wall/Ceiling Panels** |
| **Manufacturer:** | **Signature Craft** | **Phone Number:** | **(314) 961-8484** |
| **Address:**  | **2659 Rock Hill Industrial Court** | **Trade Name:**  | **Signature Craft** |
|  | **St. Louis, MO 63144** | **Model No.:**  | **Truetone Hi-Impact** |
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| History:   |           |

Attached data includes manufacturer's published product data, shop drawings, samples, test data, and other information necessary 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 and changes in the work of other contracts (if applicable), that incorporation of the proposed substitution would required for its proper installation.

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| **Supporting data attached:**  |  |  |
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The undersigned certifies that:

1. Proposed substitution has been fully investigated and determined to be equal or superior in all respects to specified product.
2. Same warranty will be furnished for proposed substitution as for specified product.
3. Same maintenance service and source of replacement parts, as applicable, is available.
4. Proposed substitution will have no adverse effect on other trades and will not affect or delay progress schedule.
5. Proposed substitution does not affect dimensions and functional clearances.
6. Payment will be made for changes to building design, including A/E design, detailing, and construction costs caused by the substitution.

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| Submitted by: |  |  |  |
|  |  |  |  |
| Signature: |  |  |  |
|  |  |  |  |
| Firm: | **Signature Craft** |  |  |
| Address: | **2659 Rock Hill Industrial Court** |  |  |
|  | **St. Louis, MO 63144** |  |  |
| Telephone: | **(314) 961-8484 x** |  |  |

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| For use by the A/E:    Approved.                         Approved as noted.    Rejected.                            Received too late.A/E Firm:                                                                                       By:                                                                                                  Date:                                                                                              Remarks:                                                                                                                                                                                                                                                                                                         |

