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| STATE OF ALASKA DOT & PF STATEWIDE PUBLIC FACILITIES | SUBSTITUTION REQUEST FORM |  |
|---|----------------------------------|---|

Project: LCCC Laundry Expansion Project No. 200003569

Contractor: _____

Specified item for which substitution is requested (reference the specification section and paragraph):

The following product is submitted for substitution (describe proposed substitution and attach applicable catalog cuts):

I certify the following:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The substitute will perform adequately and achieve the results called for by the general design. |
| <input type="checkbox"/> | <input type="checkbox"/> | The substitute is similar, of equal substance, suited to the same use, and will provide the same warranty as the product specified. |
| <input type="checkbox"/> | <input type="checkbox"/> | The evaluation and approval of the proposed substitute will not delay the Substantial or Final Completion of the project. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any change in the design necessitated by the proposed substitution will not delay the Substantial or Final Completion of the project. |
| <input type="checkbox"/> | <input type="checkbox"/> | The cost of any change in the design necessitated by the proposed substitution will be paid by the contractor at no cost to the State. |
| <input type="checkbox"/> | <input type="checkbox"/> | The cost of any license fee or royalty necessitated by the proposed substitution will be paid by the contractor at no cost to the State. |

Signed: _____ Date: _____
Authorized Contractor Signature

Architect/Engineer Recommendation:

- Accepted
 Accepted as Noted
 Not Accepted
 Received Too Late

Remarks:

Architect/Engineer Signature: _____ Date: _____

- Recommend Acceptance
 Recommend Rejection _____ Date: _____

Resident Engineer

- Accepted
 Rejected _____ Date: _____

Project Manager