

**ROOFING MATERIALS SUBSTITUTION REQUEST FORM.**  
**(Submit not less than ten (10) days prior to bid date)**

DPW PROJECT NO.: \_\_\_\_\_

Project Title: \_\_\_\_\_

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We hereby submit for your consideration the following products in lieu of those specified for the above referenced project:

<b><u>MATERIAL</u></b>	<b><u>SPECIFIED</u></b>	<b><u>PROPOSED SUBSTITUTION</u></b>
<b>Vapor Barrier</b>	_____	_____
<b>Roof Insulation</b>	_____	_____
<b>Roofing Membrane</b>	_____	_____
<b>Surfacing</b>	_____	_____

Description of Proposed Components:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Differences between specified and proposed components including type of insulation, method of anchoring, details, surfacing, application methods, etc.:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach complete technical data, including manufacturer's published specifications, standard details, laboratory tests and certifications, material samples and similar information to fully describe the products and methods of application.

If changes are required in specifications, drawings or details, provide revised specifications and details for consideration.

Answer the following:

1. Does proposed substitution affect details or dimensions shown on the drawings?  
\_\_\_\_\_YES \_\_\_\_\_NO
2. Will proposed substitution meet specified Underwriters Laboratory and ICBO ratings?  
\_\_\_\_\_YES \_\_\_\_\_NO
3. Is insulation and roofing method of attachment listed with Factory Mutual against wind loss?  
\_\_\_\_\_YES \_\_\_\_\_NO
4. Are all components of the roofing system (vapor barrier, insulation, fasteners, membrane components, flashings and surfacing) manufactured by or acceptable to the roofing manufacturer?  
\_\_\_\_\_YES \_\_\_\_\_NO
5. Will the manufacturer's authorized representative sign the Manufacturer's Certification included in the specification?  
\_\_\_\_\_YES \_\_\_\_\_NO

The undersigned manufacturer's representative states that the above information is true and correct, and that the proposed materials function, appearance and quality are equivalent or superior to the specified materials.

\_\_\_\_\_  
(Manufacturer)

\_\_\_\_\_  
(Manufacturer's Representative)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

END OF ROOFING MATERIALS SUBSTITUTION REQUEST FORM