Please complete the following if you are requesting approval of a product or material based on its equivalency:

Name:_____ Company Name:_____

Address:_____

City:_____ State:_____ Phone:_____

Proposed product or material: _____

_____

All Requests shall include the following information:

_____ Copy of the product or material standard.

_____ Copy of the product or material test report.

_____ Copy of the third party verification (Listing).

_____ Copy of the standard for the product to which you feel your product is equivalent.

_____ An analysis of the equivalency.

Reason for the request: _____

_____

_____

_____

_____