



# ROOFING SYSTEMS/ POLYISOCYANURATE SUBSTITUTION REQUEST FORM

ARCHITECT: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 PROJECT: \_\_\_\_\_  
 BID DATE: \_\_\_\_\_

We do hereby submit for your consideration the following product(s) in addition to the specified item(s) for then above referenced project.

Thank you for your consideration of Hunter Panels products.

SECTION	PAGE/SHEET NO.	PARAGRAPH/LINE	SPECIFIED ITEM

**Proposed Substitution:**

Attach complete product description, drawings, photographs, performance and test data, available colors and finishes, and other information necessary for evaluation. Identify specific model numbers finishes, options, etc.

**A. Will changes be required to building design or any components or assemblies in order to properly install proposed substitution?**

YES       NO

If YES, explain:

**B. List description of the difference proposed for each substitution and specified item.**

**C. Does substitution affect drawing dimensions?**

YES       NO

If YES, explain:

**D. What effect does the substitution have on other trades? List affected trades**

None

**E. Does manufacturer's warranty of proposed substitution differ from the specified?**

YES       NO

If YES, explain:

**F. Will substitution affect progress schedule?**

YES       NO

If YES, explain:

**G. Will substitution require more license fees or royalties than specified product?**

YES       NO

If YES, explain:

**H. Will maintenance and service parts be locally available for substitution?**

YES       NO

If NO, explain:

**I. Will substitution require additional testing, inspection, certification or approvals?**

YES       NO

If YES, explain:

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**Submitted by:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Manufacturer:** Hunter  
**Address:** 15 Franklin Street  
Portland, ME 04101

**Telephone:** 888-746-1114

**Fax:** 877-775-1769

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Local Rep:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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**FOR ARCHITECT'S USE ONLY:**

Accepted       Not Accepted as Noted  
 Not Accepted

**By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Remarks:**