

## 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 produc	et or material:	
All Requests shall	ll include the following in	nformation:
Copy of tl	ne product or material st	andard.
Copy of the	ne product or material te	est report.
Copy of tl	ne third party verificatio	n (Listing).
Copy of tl	ne standard for the prod	uct to which you feel your product is equivalent.
An analys	is of the equivalency.	
Reason for the re	equest:	

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