

# Request for Equal Form



Information submitted on this form will enable MH to assess the product for Approval as Equal to the specified product in the Project Manual or Bid Documents. Failure to complete the form may result in disqualification. Vendor must attach product cut-sheets, installation instructions, and relevant certificates proving compliance to this application. MH reserves the right to request a product sample.

Application must be addressed to the attention of the **Project Manager** and be received by Manitoba Housing at least **10 working days** prior to tender closing date at the address indicated in the tender documents.

<b>Project Name:</b>		<b>Project Number:</b>	
<b>Project Address:</b>		<b>MH Specified Prod.:</b>	
		<b>Date:</b>	
<b>Manufacturer's Name and Address:</b>		<b>Check:</b>	
		<input type="checkbox"/> Architectural	
		<input type="checkbox"/> Structural/Civil	
		<input type="checkbox"/> Mechanical/Plumbing	
		<input type="checkbox"/> Electrical	
		<input type="checkbox"/> Fire-Life Safety	
		<input type="checkbox"/> Other	
<b>Product Name, Model Number:</b>		<b>Section Number:</b>	
<b>Vendor's Name and Address: (if different from above)</b>		<b>Business Type:</b>	
		<input type="checkbox"/> Supplier	
		<input type="checkbox"/> Manufacturer	
		<input type="checkbox"/> Other	
<b>Contact Name:</b>		<b>Tel:</b>	
		<b>Fax:</b>	
		<b>email:</b>	
<b>Product Description:</b>			

## Request for Equal Form

Special Features:

Warranty:

Nearest Service  
Location:

List how the product compares to the specified product for performance criteria:

Specified Product

Proposed Equal

Compliance Demonstration: (must attach proof of certification)

CSA

ANSI

Other

ULC/WH

HVI

CGSB

ADA

Cost Information (Optional)

Cost/Unit:

Unit:

FOR INTERNAL USE

**Approved** (Issue Addenda)

**Rejected** (reason)

Approver Signature:

Reviewer Signature: