

Mailing Address: Post Office Box 7866, Madison, WI 53707-7866 Street Address: 101 E. Wilson Street, 7th Floor, Madison, WI 53703 Phone: 608 / 266-2731; FAX: 608 / 267-2710 http://www.doa.state.wi.us/dfd

REQUEST FOR SUBMITTAL APPROVAL

Project Name	DFD Project No
Contractor Name	Contractor Phone No.
Subcontractor/Supplier Name	Specification Section No

By checking this box the contractor certifies that the product(s) in this submittal comply with the Build America, Buy America (BABA) Act.	
Check this box if the product(s) is/are exempt of compliance with the Build America, Buy America (BABA) Act. Attach the waiver(s) with this submittal.	
Check this box if Building America, Buy America (BABA) Act is not applicable to the project(s).	
a. This Submittal is made under the provisions of the General Conditions of the Contract Documents. The Contractor makes an express warranty to DFD, by express affirmation, that if installed into or made a part of this project, the work which forms the basis of this Submittal will conform to the design requirements of the Contract Documents.	
b. It is the purpose of this Submittal to describe the goods proposed for use by the Contractor and to demonstrate conformance of that description to the Contract Documents.	
c. At the time of this submission, the Contractor acknowledges awareness that the purpose of this Submittal is to obtain DFD's authorization to use this Work for purposes of Contract Document compliance by the Contractor, and further, that DFD, in doing so, relies upon the skill, judgment and integrity of the Contractor to insure that this submitted Work complies with requirements of the Contract Documents. Contractor hereby acknowledges that it has, through the use of its own resources, found and selected the Work submitted herewith and that the Work submitted is usable for the purpose of being fit and suitable in the final construction under this Contract Documents.	
d. Notwithstanding any provision of this Contract Documents to the contrary, the Contractor hereby notifies DFD that the following features of the Submittal MAY NOT BE IN CONFORMANCE with Contract Document requirements, but nevertheless asks approval thereof. (Contractor shall include brief, specific description of each potential nonconformity. If NONE, Contractor shall so state.)	
1.	
2.	
3.	
4.	
Check if additional page(s) of potential nonconformity are attached.	
Signed Contractor's Authorized Representative Date Date	

Note: Contractors are required to copy and use this form as a cover sheet accompanying all submittals, as described in the General Conditions of the Contract Documents. All pages of submittals are to be consecutively numbered, with a front index page listing the total sequence of pages included.

This form can be made available in accessible formats to qualified individuals with disabilities upon request.