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.

Manufacturer's Name and Address: Manufacturer's Name and Address: Manufacturer's Name and Address: Marchitectural Structural/Civil Mechanical/Plumbing Electrical Fire-Life Safety Other Product Name, Model Number: Wendor's Name and Address: (if different from above) Business Type: Supplier Manufacturer	Project Name:	Project Number:		
Check: Manufacturer's	Project Address:	MH Specified Prod.:		
Check: Manufacturer's				
Manufacturer's Name and Address: Architectural Mechanical/Plumbing Electrical Fire-Life Safety Other Product Name, Model Number: Business Type: Supplier Manufacturer				
Name and Address: Structural/Civil Mechanical/Plumbing Electrical Fire-Life Safety Other Product Name, Model Number: Vendor's Name and Address: (if different from above) Business Type: Supplier Manufacturer		 7		
Product Name, Model Number: Section Number: Business Type: Supplier Supplier Mechanical/Plumbing Electrical Fire-Life Safety Other Section Number: Business Type: Supplier Manufacturer				
Product Name, Model Number: Vendor's Name and Address: (if different from above) Blusiness Type: Section Number: Business Type: Supplier Manufacturer	Name and Address:	l —		· -
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Product Name, Model Number: Vendor's Name and Address: (if different from above) Business Type: Supplier Manufacturer		I —		
Product Name, Model Number: Vendor's Name and Address: (if different from above) Business Type: Supplier Manufacturer				afety
Vendor's Name and Address: (if different from above) Business Type: Supplier Manufacturer			Other	
Vendor's Name and Address: (if different from above) Business Type: Supplier Manufacturer	-	2 N		
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Other		_		
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Contact Name: email:	Contact Name:	emaii:		
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Product Description:	Product Description:			

Request for Equal Form

Special Features:				
Warranty:				
Nearest Service Location:				
List how the product compares to the specified prod				
Specified Product	Proposed Equal			
Compliance Demonstration: (must attach proof of certification)	ication\			
CSA ANSI	Other			
ULC/WH HVI	Other			
CGSB ADA				
Cost Information (Optional) Cost/Unit:	Unit:			
FOR INTERNAL USE				
Approved (Issue Addenda)	Rejected (reason)			
Approver Signature:	Reviewer Signature:			