

## APPROVED PRODUCT REQUEST

All products submitted for consideration for inclusion into the OT standards may require testing by the OT. All costs associated with testing and field visits if required shall be the responsibility of the vendor.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

1. Purpose of Request.
  
2. Justification for request (include discussion of design impact; code interpretation; budget increase/decrease; and other relevant facts).  
*(Attach additional sheets as needed)*
  
3. Design and Construction Cost impact if approved: \$ \_\_\_\_\_

### **BELOW THIS LINE IF FOR INTERNAL USE ONLY**

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A. Fire Marshal Comments.(if applicable)

- B.
- Product approved as submitted.
  - Product approved with comments incorporated.
  - Product denied. *(OT shall not be required to provide detailed information pertaining to denial)*

\_\_\_\_\_ Yes \_\_\_\_\_ No  
Dwayne Abrams                      Date  
Administrator  
Premise Distribution System

\_\_\_\_\_ Yes \_\_\_\_\_ No  
Steven Ricks                      Date  
Administrator  
Telecommunication Systems

\_\_\_\_\_ Yes \_\_\_\_\_ No  
Timothy Watson                      Date  
Manager, Telecommunications

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Last Updated 1/27/2016