

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

- A. Fire Marshal Comments. (if applicable)
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- 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