APCA PRODUCT SUBMITTAL FORM

PRODUCT NAME: _____ PROJECT NO: _____

CURRENT SPECIFIED ITEM(S): _____

Please attach appropriate section of project (09900 or 09950) and room finish schedule ____

MPI #	LABEL	MANUFACTURER	CODE

Please attach product information needed for proper evaluation including, but not limited to: product description, relevant product data, MSDS sheets, and Architectural Specification Manual system number.

Submitted by: _____ Signature: _____

Company: _____ Date: _____

Address: _____ Phone: _____

_____ Fax: _____

For use by APCA Inspection Services:

{ } ACCEPTED { } ACCEPTED AS NOTED BELOW

{ } NOT ACCEPTED AS NOTED { } RECEIVED TOO LATE FOR CONSIDERATION

By: _____Date: _____

Notes: _____

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