STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION DIVISION OF FACILITIES DEVELOPMENT (DFD) DOA-4523 (R12/2023)



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 conformance of that description to the Contract Docume	
		DFD's authorization to use this Work for purposes of Co DFD, in doing so, relies upon the skill, judgment and int complies with requirements of the Contract Documents.	dges awareness that the purpose of this Submittal is to obtain ontract Document compliance by the Contractor, and further, that egrity of the Contractor to insure that this submitted Work. Contractor hereby acknowledges that it has, through the use nitted herewith and that the Work submitted is usable for the n under this Contract Documents.
		following features of the Submittal MAY NOT BE IN CO	nts to the contrary, the Contractor hereby notifies DFD that the NFORMANCE with Contract Document requirements, but notude brief, specific description of each potential nonconformity.
1.			
2.			
3.			
4.			
☐ Check if additional page(s) of potential nonconformity are attached.			
Signed	D.4.		
Contractor's Authorized Representative	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.