



## Substitution Request Form

Specified Item: \_\_\_\_\_

Specification Section: **Masonry Accessories**

Proposed Substitution: **Flash-Vent™ Copper**

Performance Characteristics					
	Rubberized Asphalt	Elvaloy KEE	EPDM	Asphalt Copper Fabric 5oz	Flash-Vent Copper
<b>Warranty (Maximum)</b>	5 years	None	10 years	None	Lifetime
<b>Puncture (ASTM E154)</b>	80 psi	NA	NA	390 psi	450 psi
<b>Tensile Strength (ASTM D412)</b>	1,200	650	1,305	32,000	32,000
<b>UV Exposure (days)</b>	30	Unlimited	Unlimited	30	30
<b>Recycled Material</b>	1%	1%	3%	51%	90%
<b>Mortar Netting Necessary</b>	Yes	Yes	Yes	Yes	NO

Technical data sheet includes product description, specifications, performance and test data adequate for evaluation of the request. If not present, is available at [www.yorkmfg.com](http://www.yorkmfg.com) or 1-800-551-2828

The undersigned certifies that the following paragraphs, unless modified by attachments, are correct:

1. The proposed substitution does not affect dimensions shown on drawings.
2. The proposed substitution will have no adverse effect on the other trades, the construction schedule, or specified warranty requirements.
3. Local support and availability will be available for proposed substitution.
4. Mock-up wall materials available upon request.

The undersigned further states that the function and quality of the proposed product substitution is equivalent or superior to the specified item.

Submitted by: \_\_\_\_\_  
 Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Corporate Officer: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

A & E Review  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Accepted \_\_\_\_\_  
 Not Accepted \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Accepted as noted \_\_\_\_\_  
 Remarks: