

# Alternate Request for Elevators

		SUBMITTAL DATE:	
SUBMITTED BY:		PHONE NUMBER:	
PROJECT ADDRESS:	CITY	STATE	ZIP CODE
PROJECT NAME:			

INDICATE THE SECTION / REQUIREMENT AND DESCRIBE THE ALTERNATE, OR MODIFICATION YOU ARE PROPOSING:  
 SECTION:                      RULE:

EXPLAIN HOW YOUR ALTERNATE WILL MEET THE INTENT OF THE CODE:

**Alternate Requested**

AECO CERTIFICATE (Attach a copy of the certificate, conformance report, and other support documentation)

PROVIDE APPLICABLE CODE SECTION OR OTHER SUPPORTING DOCUMENTATION TO SUPPORT YOUR PROPOSAL:

NEW EDITION OF STANDARDS IDENTIFIES METHOD, MATERIAL OR DESIGN.

IDENTIFY THE NEW SECTION REQUIREMENTS:

**Supporting documentation**

SECTION:                      RULE:                      MORE INFORMATION:

SIGNATURE:	DATE:
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