SECTION VII

REQUEST FOR APPROVED EQUAL

The Bidder shall complete this form and submit it with all the requested documentation to support their request for an approved equal. Requests for approved equals must be received by South Central IL Mass Transit District (SCT) in writing no later than 3:00 p.m. Central Time on May 12, 2021. Requests for approved equal or protest of the specification must be fully supported with technical data, test results or other information as evidence that the substitute offered is equal to or better than the specifications’ requirements.

Approved Equal ID: ________________________________________

Manufacturer:  ________________________________________

Submitted By:  ________________________________________

SCT required that all prospective bidders completely fill out and attach this form with every specification item requested for an “approved equal”. Any further information, which may be useful in reviewing such a request, should be attached to this form.

1. **Description of Proposed Approved Equal (include Make/Model/Year):**

   __________________________________________________________________________

2. **Purpose or reason for request:**

   ______________________________________________________________________________
3. How does the Approved Equal meet or exceed requested features:


4. Does this proposed Approved Equal request meet all applicable Federal, State and Local laws and regulations?

   ○ Yes   ○ No   If no, please explain


5. Benefits to SCT


Please be sure to attach documentation necessary to support your request to this form.

Name of Bidder: ____________________________________________________
Address of Bidder: ___________________________________________________
Signature: _________________________________________________________
Printed Name: ______________________________________________________
Title: _____________________________________________________________
SECTION TO BE COMPLETED BY SCT:

Request for Approved Equal:  APPROVED □  DENIED □

By: ________________________________________

Its: ________________________________________

Date: ________________________________________