

REQUEST FOR A. H. J. CONSIDERATION

Submittal Date: _____ - _____ - _____

_____ will be working at:
Name Phone fax # of Contracting Co.
_____ for the purpose of
Name and Address of Job Site

Fire Stopping Telecommunication Cables.

Please review the following Firestop Method(s) and advise us:

Firestop System Listing #	Type of Construction
Hourly Rating of System	Method of I. D. and Documentation
System Manufacturer	Date expected to be on-site

Attached Submittal Documents

All Fire Stop Systems will be installed to the Manufacturers Specifications. All Systems to be digitally photographed front and back and available to you upon request.

Name of Person Making Request	Name of Inspectors Jurisdiction
E-Mail of Person Making Request	Name of Inspector

For Inspectors use:

I accept your proposed System: X _____
Signature of Inspector

I reject your proposed System: X _____
Signature of Inspector

Reason for rejection: _____