

# REQUEST FOR SUBSTITUTE FORMS APPROVAL

<b>Company Logo</b>		Send Full-Field PDFs to: <u><a href="mailto:dcsubformapproval@dc.gov">dcsubformapproval@dc.gov</a></u>
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Please check one: <input type="checkbox"/> Stand Alone Application <input type="checkbox"/> Web Based Application <input type="checkbox"/> Both <input type="checkbox"/> Forms Only	Please check one: <input type="checkbox"/> Original <input type="checkbox"/> Resubmit
The following forms are submitted for approval as a substitute form to be used in lieu of the official state form. <b>List each form separately below.</b>	

State Form Number	Internal Vendor No. (if applicable)	Form Name and Page Number (if required)	Approved as submitted	Approved with Corrections	Not Approved (Correct and Resubmit)	Resubmit With Corrections by:		
						FAX	E-mail	Mail
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								

<b>Reviewer Information</b>	Signature: _____ Title: _____ Date: _____
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