



**CUSTOMER REQUEST FOR A BRAND/VENDOR SPECIFIC WAIVER OF COMPETITION**

Please check the appropriate justification(s) below for a waiver of competition, pursuant to the North Carolina Administrative Code (01 NCAC 05B.1401).

1.  Where performance or price competition is not available.
2.  Where a needed product or service is available from only one source of supply.
3.  Where emergency action is indicated.
4.  Where competition has been solicited but no satisfactory offers are received.
5.  Where standardization or compatibility is the overriding consideration.
6.  Where a donation predicates the source of supply.
7.  Where personal or particular professional services are required.
8.  Where a particular medical product or service, or prosthetic appliance is needed.
9.  Where a product or service is needed for the blind or severely disabled and there are overriding considerations for its use.
10.  Where additional products or services are needed to complete an ongoing job or task.
11.  Where products are bought for "over the counter" resale.
12.  Where a particular product or service is desired for educational, training, experimental, developmental or research work.
13.  Where equipment is already installed, connected and in service, and it is determined advantageous to purchase it.
14.  Where items are subject to rapid price fluctuation or immediate acceptance.
15.  Where there is evidence of resale, price maintenance or other control of prices, lawful or unlawful, or collusion on the part of companies, which thwarts normal competitive procedures.
16.  Where the amount of the purchase is too small to justify soliciting competition or where a purchase is being made and a satisfactory price is available from a previous contract.
17.  Where the requirement is for an authorized cooperative project with another governmental unit(s) or a charitable non-profit organization(s).
18.  Where a used item(s) is available on short notice and subject to prior sale.

**Departmental Statement (please elaborate on Department's justification(s) designated above by giving specific details):**

**Departmental Certification:** I certify that the above statement accurately represents the requirement for the waiver, pursuant to the North Carolina Administrative Code 01 NCAC 05B .1401.

**Departmental Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Purchasing Agent's Certification:** I certify that the above statement describes a condition for which the North Carolina Administrative Code allows for a Waiver of Competition. Therefore, in reliance on the accuracy of the Customer's Statement and the Customer's Certification above, this request for waiver is approved.

**Purchasing Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_