

For PD Use only
 LTB #:

Check one:
 One Time Acquisition
 Special Category Acquisition

 Expiration Date

LIMIT TO BRAND (LTB) STATEMENT

For use on all information technology (IT) and non-IT goods acquisitions.
 Attach to Std. 65 or Std. 66, as applicable.

This justification document consists of two (2) pages. All information must be provided and all questions answered. The "Required Approvals" section must include a date for each signature, as appropriate for the transaction. The LTB applies to the following methods of purchasing: Competitive solicitations (informal/formal), SB/DVBE Option, LPAs-SC (non-mandatory, CMAS, SLP.

Requesting Department Information				
Agency:		Department:		
		(*Includes Boards, Commissions, and Associations)		
Institution (if applicable):				
Department Contact Information				
Contact Name:		Street Address:		
Telephone: ()				
FAX: ()		Mailing Address:		
E-Mail:				
Required Contract Information				
Description of Commodity:				
Brand/Model:				
Original Contract Amount:*	Amendment Amount:* <small>(if applicable)</small>	Amended Contract Amount:*	Contract Type (select one):	Type of Award:
\$	\$	\$	<input type="checkbox"/> Non-IT Goods <input type="checkbox"/> IT Goods	CMAS _____ Master _____ Competitive _____ Form 42 _____
<small>(*Includes original contract and previously approved amendments)</small>	<small>(*Current amendment only)</small>	<small>(*Includes original contract and all amendments, including current amendment)</small>		
Required Approvals				
Department <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Department <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Dept. of General Services <input type="checkbox"/> Approved <input type="checkbox"/> Denied
_____ Signature of Procurement and Contracting Officer		_____ Signature of Director or Designee/Date		_____ Signature of Director or Designee/Date
_____ Print or Type Name of Procurement and Contracting Officer		_____ Print or Type Name of Director or Designee		_____ Print or Type Name of Director or Designee

Signature Instructions

Department of General Services approval not required if contract value is under \$25,000 and approved Purchase Authority Limit.

Complete responses must be provided for all of the following items.

THE COMMODITY REQUESTED IS RESTRICTED TO ONE BRAND NAME FOR THE REASONS STATED BELOW:

- 1. What are the unique performance factors of the product specified?**
(List each factor individually with an explanation of its purpose.)

- 2. Why are these specific factors required?**

- 3. What other products have been examined and rejected and why?**

NOTE: Pursuant to SAM 3555 purchase estimates submitted without adequate information in support of limiting competitive bidding will be returned to the originating agency. For the purposes of this statement, “adequate” is defined as substantive information or data. Any missing information may delay the processing of this request or result in the return of this form to the customer agency pursuant to SAM 3555.

Remit completed form to: Department of General Services
Procurement Division
Attn: Intake and Analysis Unit
707 Third Street, 2nd Floor, MS: 201
West Sacramento, CA 95605