

**For PD Use only**  
 LTB #:

## LIMIT TO BRAND OR TRADE NAME (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) and SB/DVBE Option.**

Requesting Department Information			
<b>Agency:</b>	<b>Department:</b>		
	(*Includes Boards, Commissions, and Associations)		
<b>Institution (if applicable):</b>			
Department Contact Information			
<b>Contact Name:</b>	<b>Street Address:</b>		
<b>Telephone:</b> ( )			
<b>FAX:</b> ( )	<b>Mailing Address:</b>		
<b>E-Mail:</b>			
Required Contract Information			
<b>Description of Commodity:</b>			
<b>Brand/Model:</b>			
<b>Original Contract Amount Excluding:**</b>	<b>Original Contract Amount:*</b>	<b>Amendment Amount:*</b>	<b>Amended Contract Amount:*</b>
\$	\$	\$	\$
(Includes original contract and previously approved amendments with exclusions)	(*Includes original contract and previously approved amendments)	(if applicable) (*Current amendment only)	(*Includes original contract and all amendments, including current amendment)
<b>Department</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Dept. of General Services</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
<hr/> Signature of Director or Designee/Date		<hr/> Signature of Director or Designee/Date	
<hr/> Print or Type Name of Director or Designee		<hr/> Print or Type Name of Director or Designee	

\*\*Excluding sales and use tax, finance charges, postage and handling. Shipping charges are also excluded from the dollar threshold limits unless the shipping charge is included in the evaluation, such as Free On Board (FOB) Origin, Freight Collect or FOB Destination.

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

**Signature Instructions**

This form requires the approval by the highest ranking executive officer or designee. The typed name and signature must match. The department director may delegate review and approval authority to his/her deputy directors and/or the Procurement and Contracting Officer. The designee shall send ratification notification to their director upon approval of the LTB transaction.

**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, 2<sup>nd</sup> Floor, MS: 201  
West Sacramento, CA 95605