



Most Compliant Product Market Research Form

Point of Contact: _____ Phone #: _____

DHS Component: _____ Email Address: _____

Acquisition Reference #: _____

System or item evaluated & selected	2 nd equivalent system or item evaluated	3 rd equivalent system or item evaluated

The above systems or items meet our business needs and the one selected is the most Section 508 compliant product available at time of selection. The Section 508 compliance documentation (e.g., Voluntary Product Accessibility Templates (VPAT) or equivalent) for all products listed is attached.

By signing this form I affirm that the information provided above is accurate and the system or item selected is the most compliant product available at time of selection.

Requiring Official Signature: _____ Date: _____

Requiring Official Name: _____

If you need assistance filling out this form please contact the Accessibility Help Desk at 202-447-0440 or accessibility@dhs.gov