

**COLORADO DEPARTMENT OF TRANSPORTATION  
PRE-APPROVED PRODUCT EVALUATION REQUEST & SUMMARY**

Reference No.

Materials Laboratory  
Colorado Department of Transportation  
4201 East Arkansas Avenue  
Denver, Colorado 80222

PART 1: Completed by Product Representative  
PART 2: Completed by CDOT Product Evaluation Coordinator  
PART 3: Completed by CDOT Expert Product Evaluator  
PART 4: Completed by CDOT Materials Engineer

**PART 1**

Product name:	Product category:
Product representative (name & address):	Manufacturer (name & address):
Phone: _____ FAX: _____	Phone: _____ FAX: _____
<b>Description of product</b> , (be precise, include product differentiation between your products &/or competitor's products):	
<b>Usage of product</b> , (be specific to CDOT highway activities only):	
<b>Benefits to CDOT</b> , (how will your product enhance quality, improve safety, save money, be a better value then other manufacturer's products):	
<b>Specifications</b> , (identify specifically those applicable) & <b>Certificate of Compliance</b> (submittal required):	
<input type="checkbox"/> CDOT : <input type="checkbox"/> ASTM : <input type="checkbox"/> AASHTO: <input type="checkbox"/> FHWA : <input type="checkbox"/> other :	
<b>Product testing</b> , (national/independent laboratories) & <b>Certified Test Report</b> (submittal required):	
<input type="checkbox"/> NTPEP-AASHTO: <input type="checkbox"/> HITEC or FHWA : <input type="checkbox"/> FHWA or other : <input type="checkbox"/> other :	
<b>State DOT Approvals</b> , (current documentation required):	
<b>Evaluation Procedure</b> , (recommended):	
Sample submitted: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Materials Safety Data Sheets (MSDS): <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Notes/Additional Comments	
Manufacturer's Web-site address:	Submit > <input style="width: 100%;" type="text"/>