

**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: _____ |
| Description of product , (be precise, include product differentiation between your products &/or competitor's products): | |
| | |
| Usage of product , (be specific to CDOT highway activities only): | |
| | |
| Benefits to CDOT , (how will your product enhance quality, improve safety, save money, be a better value then other manufacturer's products): | |
| | |
| Specifications , (identify specifically those applicable) & Certificate of Compliance (submittal required): | |
| <input type="checkbox"/> CDOT : <input type="checkbox"/> ASTM : <input type="checkbox"/> AASHTO: <input type="checkbox"/> FHWA : <input type="checkbox"/> other : | |
| Product testing , (national/independent laboratories) & Certified Test Report (submittal required): | |
| <input type="checkbox"/> NTPEP-AASHTO: <input type="checkbox"/> HITEC or FHWA : <input type="checkbox"/> FHWA or other : <input type="checkbox"/> other : | |
| State DOT Approvals , (current documentation required): | |
| | |
| Evaluation Procedure , (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: 100px;" type="text"/> |