

PROPRIETARY ITEM CERTIFICATION (PIC) AND PUBLIC INTEREST FINDING (PIF)

INSTRUCTIONS: A specific patented or proprietary material, specification, or process shall not be required on a contract except as permitted in Chapter 11 of the Road Design Manual (RDM). Use this form to certify or obtain approval of the use of a proprietary item on a project or group of projects.

PROPRIETARY ITEM OR PROCESS

NAME OF PROPRIETARY ITEM OR PROCESS	MANUFACTURER NAME, ADDRESS & PHONE NO.
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NEED FOR PROPRIETARY ITEM

CHECK ONLY ONE	LOCATION
Project Specific	Provide Job No., CS/PRN and location
*Corridor Specific	Provide Corridor Description
*Region-wide	Identify MDOT Region
*Statewide	

*A corridor, region or statewide request will have a term of (Check only one)

3 Years (Maximum allowable)	Specify date of term
Other (specify term)	Specify dates of term

CLASSIFICATION AND JUSTIFICATION

I hereby certify that the above named proprietary item or process is necessary as specified under the following classification(s) and justifications: (Check all that apply) See MDOT Road Design Manual Chapter 11 for definitions.

- Proprietary Item Certification (PIC)**
 - Synchronization
 - No Equally Suitable Alternative
- Public Interest Finding (PIF)***
 - Research and experimental purposes on short sections of road. Attach experimental work plan.

** For Proprietary Item Certification (PIC), also select box for "synchronization" or "no equally suitable alternative". Synchronization includes function, aesthetics, logistics, or combination of these justifications. Approval signature is not required for a PIC. Retain the completed request form for available review on request in the project file.

*** Public Interest Findings (PIF) are required when equally suitable alternatives are available and the proprietary item is not needed for synchronization.

JUSTIFICATION (Required). Justification consists of information that documents the reasons marked above for use of the proprietary item or process. For research or experimentation, include a work plan that describes how the research or experimental feature will be used and evaluated. Attach additional pages and documentation as necessary.

REQUEST CERTIFIED BY

NAME	TITLE (MDOT Project Manager or Local Public Agency Recipient)	SIGNATURE

APPROVAL SIGNATURE(S)

SIGNATURE – ENGINEER OF DESIGN (Required for NHS-MDOT Oversight PIF and experimental applications.)	DATE
SIGNATURE – LOCAL AGENCY PROGRAM ENGINEER (Required for Local Public Agency PIF and experimental applications.)	DATE