

NEW MATERIALS PRODUCT EVALUATION REQUEST FORM

This form must be completely filled out. "See attached" in lieu of completing this form is not acceptable. Where a question is not applicable, enter "N/A." **Not all products will be evaluated. If your product is chosen for evaluation, you will be contacted for additional information.**

MANUFACTURER INFORMATION:

MANUFACTURER / COMPANY NAME			TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE
WEBSITE ADDRESS		E-MAIL ADDRESS	

PRODUCT INFORMATION:

PRODUCT NAME	
RECOMMENDED USE(S)	
PHYSICAL CHARACTERISTICS OF MATERIAL	
ALTERNATIVE FOR WHAT EXISTING PRODUCT	
MATERIAL COST	INSTALLED COST

PRODUCT MEETS REQUIREMENTS OF FOLLOWING SPECIFICATIONS (Give specification number if applicable):

AASHTO: _____ ASTM: _____

FED. SPEC: _____ MICHIGAN: _____

OTHER: _____

IS PRODUCT APPROVED BY OTHER HIGHWAY AUTHORITIES OR AGENCIES? YES NO

IF YES, WHICH: _____

REMARKS

MANUFACTURER CONTACT:

PREPARED BY	TITLE (with manufacturer)
SIGNATURE	DATE

SUBMITTAL INFORMATION:

BY E-MAIL TO: MDOT-CFS-NEWMATERIALS@MICHIGAN.GOV	
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