

QUALIFIED PRODUCTS 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." Send additional product literature describing product.

MANUFACTURER INFORMATION

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

PRODUCT INFORMATION

PRODUCT NAME	CURRENT QPL / APPLICABLE SPEC #
RECOMMENDED USE(S)	

PRODUCT DESCRIPTION

PRODUCT COST	INSTALLED COST
--------------	----------------

PRODUCT MEETS REQUIREMENTS OF FOLLOWING SPECIFICATIONS (*Give Specification Number*):

- | | |
|---|--|
| <input type="checkbox"/> AASHTO: _____ | <input type="checkbox"/> ASTM: _____ |
| <input type="checkbox"/> FED. SPEC: _____ | <input type="checkbox"/> MICHIGAN: _____ |
| <input type="checkbox"/> OTHER: _____ | |

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

IF YES, WHICH _____

REMARKS

PREPARED BY	TITLE
SIGNATURE	DATE

SUBMITTAL INFORMATION:

Follow "Submittal Procedure" specific to Qualified Product. Send to: Address listed in the Qualification Procedures found in the [Materials Quality Assurance Procedures Manual \(MQAP\)](#).