

## 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 QUALIFIED PRODUCT LIST/APPLICABLE SPECIFICATION NUMBER
RECOMMENDED USE(S)	

### PRODUCT DESCRIPTION

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

AMERICAN ASSOCIATION OF STATE HIGHWAY AND TRANSPORTATION OFFICIALS (AASHTO):

AMERICAN SOCIETY FOR TESTING AND MATERIALS (ASTM):

FEDERAL SPECIFICATION:

MICHIGAN:

OTHER:

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

IF YES, WHICH

### REMARKS

### PREPARED BY

TITLE	DATE
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### 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 \(MQAP\)](#).