

**PRE-APPROVED PRODUCT EVALUATION REQUEST & SUMMARY**

Product Evaluation Coordinator  
 Colorado Department of Transportation  
 4670 North Holly Street, Unit A  
 Denver, Colorado 80216

Material code:

Material code description full name:

FOR INTERNAL CDOT USE

**PART 1**

Product name:		Product category:	
Product Representative (name & address): Attn:		Manufacturer (name & address): Attn:	
Phone:	E-mail:	Phone:	E-mail:
Web-site address:		Web-site address:	
<b>Description of the product:</b> (Include specific quantifiable details from tech data sheet. Advertising generalities are not appropriate.)			
<b>Restrictions,</b> (installation and/or use):			
<b>Use of the product,</b> (be specific to CDOT highway activities only):			
<b>Benefits to CDOT,</b> (how will your product enhance quality, improve safety, save money, be a better value then other manufacturer's products):			
<b>Specifications:</b> (listing those applicable is required) <input type="checkbox"/> CDOT : <input type="checkbox"/> ASTM : <input type="checkbox"/> AASHTO: <input type="checkbox"/> FHWA : <input type="checkbox"/> other :			
<input type="checkbox"/> Certificate of Compliance (COC) provided		<input type="checkbox"/> Certificate of Verification (COV) provided for select categories ONLY	
<b>Product Testing:</b> (National/independent laboratories or universities with Report Date.) <b>Certified Test Report</b> (CTR) provided to validate all claims. <input type="checkbox"/> NTPEP-AASHTO: <input type="checkbox"/> FHWA : <input type="checkbox"/> other : <input type="checkbox"/> other : <input type="checkbox"/> other :			
<b>State DOT Approvals,</b> (current documentation required):		Expiration Date	
Sample submitted: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		Safety Data Sheets (SDS): <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Alternate Product Category:			
Additional Comments:			