

COLORADO DEPARTMENT OF TRANSPORTATION  
**PRE-APPROVED PRODUCT EVALUATION REQUEST & SUMMARY**

Reference No.

Materials Laboratory  
Colorado Department of Transportation  
4670 North Holly Street, Unit A  
Denver, Colorado 80216

PART 1: Completed by Product Representative  
PART 2: Completed by CDOT Product Evaluation Coordinator  
PART 3: Completed by CDOT Expert Product Evaluator  
PART 4: Completed by CDOT Materials Engineer

**PART 1**

|   |      |  |      |
|---|------|--|------|
| Product name:   |      | Product category:  |      |
| Product representative (name & address):  |      | Manufacturer (name & address):   |      |
| Phone:  | FAX: | Phone:   | FAX: |
| <b>Description of the product</b> , (be precise, include product differentiation between your products &/or competitor's products):   |      |  |      |
| <br><br><br><br><br><br><br><br><br><br>  |      |  |      |
| <b>Use of the product</b> , (be specific to CDOT highway activities only):  |      |  |      |
| <br><br><br><br><br><br><br><br><br><br>  |      |  |      |
| <b>Benefits to CDOT</b> , (how will your product enhance quality, improve safety, save money, be a better value then other manufacturer's products):                          |      |  |      |
| <br><br><br><br><br><br><br><br><br><br>  |      |  |      |
| <b>Specifications</b> , (list specifically those applicable) <b>&amp; Certificate of Compliance</b> (submittal required):   |      |  |      |
| <input type="checkbox"/> CDOT :<br><input type="checkbox"/> ASTM :<br><input type="checkbox"/> AASHTO:<br><input type="checkbox"/> FHWA :<br><input type="checkbox"/> other : |      |  |      |
| <b>Product testing</b> , (national/independent laboratories) <b>&amp; Certified Test Report</b> (submittal required):   |      |  |      |
| <input type="checkbox"/> NTPEP-AASHTO:<br><input type="checkbox"/> HITEC or FHWA :<br><input type="checkbox"/> FHWA or other :<br><input type="checkbox"/> other :            |      |  |      |
| <b>State DOT Approvals</b> , (current documentation required):  |      |  |      |
| <br><br><br><br><br><br><br><br><br><br>  |      |  |      |
| <b>Evaluation Procedure</b> , (recommended):  |      |  |      |
| <br><br><br><br><br><br><br><br><br><br>  |      |  |      |
| Sample submitted: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a   |      | Materials Safety Data Sheets (MSDS): <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a |      |
| Notes/Additional Comments   |      |  |      |
| <br><br><br><br><br><br><br><br><br><br>  |      |  |      |
| Manufacturer's Web-site address:  |      |  |      |
| <br><br><br><br><br><br><br><br><br><br>  |      |  |      |