MISSISSIPPI DEPARTMENT OF TRANSPORTATION

INFORMATION FOR PRODUCT EVALUATION COMMITTEE

DATE: _____

FOR NEW MATERIAL OR NEW PRODUCT

Trade Name: _____

Manufacturer: _____

Address: _____
Street or P.O. Box City State Zip Code

Phone Number: (_____) _____ - _____

FAX Number: (_____) _____ - _____

Represented by: _____

Address: _____
Street or P.O. Box City State Zip Code

Phone Number: (_____) _____ - _____

FAX Number: (_____) _____ - _____

Material/Product Data:

Patented? Yes: _____ No: _____ Applied for: _____

New on market? Yes: _____ No: _____

Recommended Use: _____

_____

Use for which the product is to be evaluated: _____

_____

Outstanding Features or Advantages: _____

_____

_____

Composition: _____

_____

Specifications furnished by Manufacturer? Yes: _____ No: _____

Drawing, picture, or sketch furnished by Manufacturer? Yes: _____ No: _____

Meets requirements of following specifications:

MDOT: _____; AASHTO: _____;

ASTM: _____; Federal Specification _____;

Others (Please List):_____

_____

Availability:

Seasonal? Yes: _____ No: _____

Are quantities limited? Yes: _____ No: _____

Will sample be furnished? Yes: _____ No: _____

Will laboratory analysis be furnished? Yes: _____ No: _____

Delivery at Site in _____days after receipt of order.

Product Competitors:

Alternate for what existing material or product: _____

_____

Are costs comparable to materials or products now being used in Mississippi? Yes:___ No:___

If the answer is no, what is difference? _____

_____

_____

Product Warranty Information:

Is material or product guaranteed? Yes: _____ No: _____

Conditions_____

_____

FOR NEW PROCEDURE(S)

Description of Proposed Procedure: _____

_____

_____

_____

Proposed by: _____

Address: _____
Street or P.O. Box City State Zip Code

Representing: _____

Address: _____
Street or P.O. Box City State Zip Code

Outstanding Features or Advantages: _____

_____

_____

_____

Detailed procedure furnished? Yes:___ No:____

Are costs comparable to procedure(s) now being used in Mississippi? Yes:___ No:____

If the answer is no, what is difference? _____

_____

_____

Alternate for what existing procedure? _____

_____

_____

THE FOLLOWING IS APPLICABLE TO:

NEW MATERIAL, NEW PRODUCT, OR NEW PROCEDURE

Approved for use by highway authorities or other agencies in the following states: _____

_____

_____

Being used? Yes:___ No:____ On trial basis? Yes:___ No:____

Are instructions or directions for installation, application or use available? Yes:___ No:____

Will demonstration be provided? Yes: _____ No: _____

Are educational courses or films available? Yes: _____ No: _____

If proprietary, what are royalty costs and on what basis are they collected? _____

_____

_____

Background description of company offering this proposal: _____

_____

_____

Whom have you contacted in the Mississippi Department of Transportation? _____

_____

Has this proposal been made previously? Yes: _____ No: _____

Additional information:_____

_____

_____

_____

_____

_____

_____

_____

Additional information continued:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Person Completing Form: _____

Title: _____

E-Mail Address: _____

Firm Represented: _____

For consideration by the Mississippi Department of Transportation Product Evaluation Committee, please submit the original of this form plus one copy and duplicate copies of any relative information (such as product brochures) to the following address:

STATE MATERIALS ENGINEER
MISSISSIPPI DEPARTMENT OF TRANSPORTATION
P.O. BOX 1850
JACKSON, MISSISSIPPI 39215-1850