Washington State
Department of Transportation

NEW PRODUCTS APPLICATION FORM

The purpose of this application is to provide the Department with information about the product being submitted for evaluation. This application procedure is intended only for those products which are not covered by Specifications, Plans, or other Department standards. The product manufacturer or the representative shall complete the application accurately and thoroughly, and send it to the address below. The person submitting the Application for Product Evaluation will be notified by the Department as to what action it intends to take on the submitted application.

Mail Completed Application To:

New Product Engineer
Materials Laboratory
Washington State Department of Transportation
PO Box 47365
Olympia, WA 98504-7365

Or email form to: NortonP@wsdot.wa.gov

Name of Person Completing Form		Title	
Phone Number (Include Area Code)	Date	☐Manufacturer ☐Representative	
Email Address			
Product or Trade Name			Patent Number
Manufacturer			Phone Number
Street Address			
City		State	Zip Code
Representative			Phone Number
Email Address			
Street Address			
City		State	Zip Code

Briefly describe When, Where, and How this product would be used*:

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Product Description cont.:

Briefly describe the benefits of using this product on the State Highway System*:

***NOTE:** Product literature may be substituted when the literature contains all of the requested information.

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If applicable, list Specifications or Standards the Product meets for the following:

AASHTO/APEL:
ASTM:
FEDERAL:
WSDOT:
NCHRP 350 Crash Test Requirements:
Other:

Please list any use by other Agencies, including contact information of personnel that had experience with the product. Also, include information on how many years the product has been used and whether use has been experimental or routine.

Agency Contact		Phone Number	
Email Address			
Mailing Address	City	State	Zip Code
Years of product use	Use was: ❑ Experimental ❑ Routine		
Agency Contact		Phone Number	
Email Address			
Mailing Address	City	State	Zip Code
Years of product use	Use was: ❑ Experimental ❑ Routine		
Agency Contact		Phone Number	
Email Address			
Mailing Address	City	State	Zip Code
Years of product use	Use was: ❑ Experimental ❑ Routine		

Note: Additional contacts may be added on a separate sheet and attached to this form