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STATE OF MINNESOTA DEPARTMENT OF TRANSPORTATION
Traffic Safety Product Evaluation Application - Work Zone

Manufacturer Information

Date

Company Name

Phone Number

Street Address

Email Address

Distributor Information

Company Name

Phone Number

Street Address

Email Address

Product Name and Model

General Use
Category
(Check applicable)

Lighting

Work Zone

Signaling

Pavement Markings

Specific
Use

Has this product, or one similar to it been submitted previously to Mn/DOT? Yes No

If Yes,
Explain

Completed application forms and accompanying information are to be sent to:

Office of Traffic, Security & Technology
1500 W. County Rd. B2, Mail Stop 725
Roseville, MN 55113
Attn: Ted Ulven

Email: ted.ulven@state.mn.us

WORK ZONE PRODUCTS

1. Has this product been crash tested? Yes No

If Yes, provide Federal Approval Letter number

2. Has this product been evaluated by NTPEP (National Transportation Product Evaluation Program)? Yes No

If Yes, provide test cycle year

3. Are samples available for evaluation by Mn/DOT? Yes No

4. Are there hazardous materials associated with the use of this product? Yes No

If Yes, provide material safety data sheet

5. Summarize the manufacturer's capacity for making this product

6. Is there a technical expert and/or service agency to handle repairs, warranty issues? Yes No

If Yes, provide name, address, phone number, email

7. Provide references of government agencies using your product (If more than three, please attach)

Government Reference: Agency Name
Contact Person
Phone E-mail

Government Reference: Agency Name
Contact Person
Phone E-mail

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Phone E-mail