



New Mexico Department of Transportation Application for Product Evaluation

For NMDOT Internal Use Only	
APL No.	
File No.	
Spec No.	
Date Rec'd:	

Name of Product
Use One Application Per Product.

The purpose of this application form is to provide the Department with information about a transportation related product, material or equipment being submitted for evaluation. The vendor or his representative shall complete the form accurately and thoroughly, and send it to the address shown below. The Department will notify the applicant what action it intends to take on the submitted application.

Note: If this form is not completed no action will be taken.

**Product Evaluation Coordinator
New Mexico Department of Transportation
PO Box 1149, SB3
Santa Fe, New Mexico 87504-1149**

This Application Is Being Submitted By:			
Name:		Title:	
Company:			
Phone No.:		Fax No.:	
Address:			
City:			
State & Zip Code:			
Email address:			

Manufacturer Information:

Company Name:			
Contact Name:			
Email address:			
Phone No.:		Fax No.:	
Address:			
City:			
State & Zip Code:			
Manufacturer's Website			

Distributor/ Vendor Information:

Company Name:			
Contact Name:			
Email address:			
Phone No.:		Fax No.:	
Address:			
City:			
State & Zip Code:			
Email address:			

Product Name:	
Patent No.:	

NMDOT Specification No.:	AASHTO / ASTM Specification No.:

Please answer the following: (Required)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Can a demonstration be provided?
<input type="checkbox"/>	<input type="checkbox"/>	Is a Training Course /CD/ Video available? (Check all that apply below.) <input type="checkbox"/> Training Course <input type="checkbox"/> CD <input type="checkbox"/> Video
<input type="checkbox"/>	<input type="checkbox"/>	Are Plans, Drawings, or Brochures available? (Check all that apply below.) <input type="checkbox"/> Plans <input type="checkbox"/> Drawings <input type="checkbox"/> Brochures
<input type="checkbox"/>	<input type="checkbox"/>	Are instructions or directions for installation, application, or use available?
<input type="checkbox"/>	<input type="checkbox"/>	Can Manufacturer furnish material specification?
<input type="checkbox"/>	<input type="checkbox"/>	Is availability seasonal?
<input type="checkbox"/>	<input type="checkbox"/>	Are quantities available limited?
<input type="checkbox"/>	<input type="checkbox"/>	All costs associated with product evaluation will be the responsibility of the vendor.
<input type="checkbox"/>	<input type="checkbox"/>	If evaluation is requested – are proposed evaluation protocols and/or testing requirements attached? (i.e. minimum size of test plot, storage requirements & environmental and/or traffic control considerations)
<input type="checkbox"/>	<input type="checkbox"/>	Is product guaranteed?
<input type="checkbox"/>	<input type="checkbox"/>	Has the product had prior use by the NMDOT?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, indicate the project location & project numbers below.

Project Location	Project Number

Primary recommended use: (Required)

Alternate recommended use: (Required)

Briefly describe background of manufacturer AND product: (Required)

Provide a brief description of the product, material, equipment*, AND attached product data sheet: (Required)

Provide a brief description of the complete material composition* AND attach the data sheet: (Required)

Safety Data Sheet Enclosed: (Required)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Outstanding feature or advantages: (Required)

Approximate Cost (Specify Units):	\$	Per
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Indicate if this product meets the specification as set by the following agencies: (Required)

Agency	Spec no.	Date Approved
NMDOT		
AASHTO		
ASTM		
Federal		
Other DOT's		

***Note:** Failure to disclose this information may result in rejection of the subject product. All secrete chemical formula or trade secrets submitted in compliance with this requirement will be held by the Department in strict confidence and will not voluntarily be disclosed by the Department to competitors or other members of the public.

Cite use by other agencies and persons to be contacted concerning experience with use. Include the agency, contact name, title, address, years used, and whether use has been experimental/evaluating or routinely used.

Agency & Contacts Name	Contacts Title	Address	Phone Number	Used since (date) month/year	Experimental or Evaluating	Routinely Used

Note here and attach any test results, reports, etc, from the organization stated above: