

**STATE OF MINNESOTA
DEPARTMENT OF TRANSPORTATION
New Product Preliminary
Information Form
Maintenance Operations – Research**

Manufacturer _____

Street Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____ **Fax Number** _____

Local Distributor _____

Street Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____ **Fax Number** _____

Person Mn/DOT should contact regarding the evaluation of this product or material:

Contact Person _____

Street Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____ **Fax Number** _____

Product or Trade Name _____

Cost of Product _____

Primary Use _____

Describe Process For Use _____

Describe any limitations or use restrictions _____

Product or Material Composition (attach laboratory test results, storage requirements, Material Safety Data Sheets, disposal, procedures, etc., _____)

Outstanding Feature or Advantage _____

List all applicable specifications and requirements met:

AASHTO _____ ASTM _____ Federal Specifications _____ Mn/DOT _____

Others _____

Give a list of references or agencies that have or are using the product, include names, phone numbers, etc. _____

Has anyone in Mn/DOT been contacted about this product?

Name _____ Phone Number _____

Name and Title of Person Completing this form: _____

Date _____ Phone Number(____) _____

When Completed Return To: **Farideh Amiri**
Mn/DOT, Office of Maintenance - Research
395 John Ireland Blvd. MS 722
St. Paul, MN 55155

DO NOT SEND A PRODUCT SAMPLE WITH THIS FORM

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For Mn/DOT Use Only

Person/Office assigned to _____

Date Received _____ Date Assigned _____