



## APPLICATION FOR PRODUCT EVALUATION

This form must be completely filled out. "See Attached" in lieu of completing this form is not acceptable. Where a question is not applicable, enter "N/A." **Not all products will be evaluated. If your product is chosen for evaluation, you will be contacted for additional information. Submit to MCDOTCMDivision@maricopa.gov, ATTN: Materials.**

### MANUFACTURER INFORMATION:

|                           |      |       |                |                  |  |
|---------------------------|------|-------|----------------|------------------|--|
| MANUFACTURER/COMPANY NAME |      |       |                | TELEPHONE NUMBER |  |
|                           |      |       |                |                  |  |
| ADDRESS                   | CITY | STATE | ZIP CODE       |                  |  |
|                           |      |       |                |                  |  |
| WEBSITE ADDRESS           |      |       | E-MAIL ADDRESS |                  |  |
|                           |      |       |                |                  |  |

### MANUFACTURER CONTACT:

|             |                           |
|-------------|---------------------------|
| PREPARED BY | TITLE (with manufacturer) |
|             |                           |

### PRODUCT INFORMATION:

|                                      |                |
|--------------------------------------|----------------|
| PRODUCT NAME                         |                |
|                                      |                |
| RECOMMENDED USE(S)                   |                |
|                                      |                |
| PHYSICAL CHARACTERISTICS OF MATERIAL |                |
|                                      |                |
| MATERIAL COST                        | INSTALLED COST |
|                                      |                |

PRODUCT MEETS REQUIREMENTS OF FOLLOWING SPECIFICATIONS (Give specification if applicable)

AASHTO: \_\_\_\_\_ ASTM: \_\_\_\_\_

MAG SPEC: \_\_\_\_\_ MCDOT: \_\_\_\_\_

OTHER: \_\_\_\_\_

IS THIS PRODUCT APPROVED BY OTHER LOCAL MUNICIPALITIES OR AGENCIES? YES NO

IF YES, WHICH: \_\_\_\_\_

ALTERNATIVE FOR WHAT EXISTING MCDOT PRODUCT (Explain the benefit of the material and/or process over existing material and/or process)

Remarks

SIGNATURE

DATE

**SUBMITTAL INFORMATION:**

BY E-MAIL TO:

[MCDOTCMDivision@maricopa.gov](mailto:MCDOTCMDivision@maricopa.gov)

ATTN: Materials