



Nevada Department of Transportation

Planning Division / Research Section

APPLICATION FOR PRODUCT EVALUATION

Revised 9/04/2024

INSTRUCTIONS: Please submit online via Web Form, DocuSign, or send (1) PDF file of the complete application with supplemental information on USB, in an email or a cloud file link. **NOTE: The application will not be evaluated until an application with a signature and all required documents have been received.**

Please answer all questions and attach or send supplemental information as needed.

PRODUCT INFORMATION – List information as it should appear on the Qualified Products List (QPL)

<u>Vendor/Distributor:</u>	<u>Contact Name:</u>
<u>Product Name:</u>	<u>Product Description:</u>
<u>Address:</u>	<u>City, State Zip:</u>
<u>Phone:</u>	<u>Alternate Phone:</u>
<u>Contact Email:</u>	<u>Website:</u>

Manufacturer is different than the Distributor. If different, complete Manufacturer information below:

<u>Manufacturer:</u>	<u>Contact Name:</u>
<u>Address:</u>	<u>City, State Zip:</u>
<u>Phone:</u>	<u>Alternate Phone:</u>
<u>Contact Email:</u>	<u>Website:</u>

Check only the boxes that apply to your request

- Vendor/Manufacturer is applying for product to be included within Category _____
- Product meets current NDOT QPL Criteria and/or State Specifications
- *Product **DOES NOT** meet current specifications and proposes new or updated specification language. (Applicant must attach proposed specification language which is general enough to allow for multiple products of a similar nature and use to qualify to be listed).
- Product **DOES NOT** have a QPL category and proposes new category (Applicant must attach proposed specification language)
- Product is currently listed on the QPL but has been modified or replaced with a new model. Application must include changes that were made and current product information and Safety Data Sheets. Product will replace:
Product Name _____ in QPL category _____

Request for field test of this product. **FIELD TEST APPLICATION MUST BE COMPLETED AND SUBMITTED WITH THIS FORM. DO NOT SUBMIT SAMPLES WITH YOUR APPLICATION.** If needed, NDOT will request samples. NDOT reserves the right to refuse to test any material which cannot be safely tested at our discretion.

Check the box(es) for each document provided with application: (Attach any other documents not listed)

- | | | |
|--|---|--|
| <input type="checkbox"/> FHWA Letters/Documents | <input type="checkbox"/> Product Data | <input type="checkbox"/> Instructions and Use Limitations |
| <input type="checkbox"/> State Agency Acceptance Letters | <input type="checkbox"/> Specifications | <input type="checkbox"/> Installation and Site Preparation |
| <input type="checkbox"/> Certifications | <input type="checkbox"/> NTPEAS Product Testing | <input type="checkbox"/> Maintenance Manual/Instructions |
| <input type="checkbox"/> Safety Data Sheets (SDS) | <input type="checkbox"/> Test Data/Lab Results | <input type="checkbox"/> Warranty/Guarantee Information |
| <input type="checkbox"/> Composition/Laboratory Analysis | <input type="checkbox"/> Handling Precautions | |
| <input type="checkbox"/> Plans, Drawings, Pictures | <input type="checkbox"/> Health Hazards | |

When was the product introduced to the market? _____

Is this a proprietary item? _____ Is the product patented? _____ Date applied for patent _____

Has the product previously been submitted to NDOT for evaluation? _____

Does the product include a Warranty/Guarantee? _____ If so, for how long? _____

Does the product meet AASHTO, ASTM, or Federal Standards? _____ Please list all that apply: _____

Cost per Unit Material (FOB): \$ _____ per _____ (unit).

Cost Per "In-Place" (FOB): \$ _____ per _____ (unit).

If cost is "job-by-job", give typical price range to expect: \$ _____ per _____ (unit)

Evaluation of the product will not commence until: 1) The authorized agent representing the vendor who is promoting the product has signed this application; 2) All product information and documentation (as required) is provided including Safety Data Sheets and is consistent with online product information.

Applications and documents may be mailed to:

Nevada Department of Transportation
Product Evaluation Coordinator
1263 South Stewart Street
East Annex, Research Library
Carson City, NV 89712

Share how criteria required documents will be provided

(Attached, emailed, mailed on thumb drive, link to cloud folder, etc.)

I _____, hereby certify I am an authorized agent of
(Printed name of Authorized Agent)
_____, and all information submitted is
(Name of applicant Company)
correct and all supporting documentation necessary for review is attached or provided.

Authorized Agent Signature

Date

If you have questions regarding the application process, please contact the Product Evaluation Coordinator at: (775) 888-7894 / ProductEval@dot.nv.gov