

**FOR INTERNAL USE ONLY**

Date Received:	_____
Action Date:	_____
Reference #:	_____
Evaluation Category:	_____
Division:	_____
Division Contact:	_____
Final Status:	_____

# MISSISSIPPI DEPARTMENT OF TRANSPORTATION

## INFORMATION FOR PRODUCT EVALUATION

### **For New Material or New Product:**

Submittal Date: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Address: \_\_\_\_\_

Street or P.O. Box	City	State	Zip Code
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Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Fax Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Email: \_\_\_\_\_

Represented by: \_\_\_\_\_

Address: \_\_\_\_\_

Street or P.O. Box	City	State	Zip Code
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Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Fax Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Email: \_\_\_\_\_

### **\*Physical Location of Material or Product Source**

Material/Product: \_\_\_\_\_

Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

\*Google Maps may be used. If more than one location, then add to the additional information section.

**Material/Product Data:**

Patented? Yes: No: Applied for:  
New on market? Yes: No:

Recommended Use(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use(s) for product to be evaluated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outstanding features or advantages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Composition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specifications furnished by manufacturer? Yes: No:  
Drawings, pictures, or sketch furnished by manufacturer? Yes: No:

**Meets requirements for the following specifications:**

\*\*MDOT: \_\_\_\_\_ AASHTO: \_\_\_\_\_  
ASTM: \_\_\_\_\_ Federal Inspection: \_\_\_\_\_

Other specifications (PLEASE LIST): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\*\*MDOT requirements can be found in the [Mississippi Standard Specifications for Road and Bridge Construction](#). Additionally, [Special Provisions](#) may apply.

**Availability:**

Seasonal?	Yes:	No:
Are quantities limited?	Yes:	No:
Will a sample be furnished?	Yes:	No:
Will laboratory analysis be furnished?	Yes:	No:

Deliverable to site in \_\_\_\_\_ days after receipt of order.

**Product Competitors:**

Alternative for what existing material or product: \_\_\_\_\_

Cost comparable to materials or products being used in Mississippi?      Yes:                      No:

If the answer is no, what is the difference? \_\_\_\_\_

**Product Warranty Information**

Is the material or product guaranteed?      Yes:                      No:

Conditions: \_\_\_\_\_

**For New Procedure(s)**

MDOT division or district: \_\_\_\_\_

Description of the proposed procedure: \_\_\_\_\_

Proposed by: \_\_\_\_\_

Address: \_\_\_\_\_

Street or P.O. Box City State Zip Code

Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Fax Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Email: \_\_\_\_\_

Representing: \_\_\_\_\_

Address: \_\_\_\_\_

Street or P.O. Box City State Zip Code

Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Fax Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Email: \_\_\_\_\_

Outstanding features or advantages: \_\_\_\_\_

Detailed procedure furnished? Yes: No:

Are costs comparable to procedure(s) now being used in Mississippi? Yes: No:

If the answer is no, what is the difference? \_\_\_\_\_

Alternative for what existing procedure? \_\_\_\_\_

**The following is applicable to:****New Material, New Product, or New Procedure**

Approved for use by highway authorities or other agencies in the following states:

Format list as follows, [Agency]-[State(s)].

(Examples: MDOT-MS, FHA-ALL, FHWA-ALL EXCEPT HI-AK-...)

Being used?	Yes:	No:	On trial basis?	Yes:	No:
Are instructions or directions for installation, application or use available?			Yes:	No:	
Will a demonstration be provided?			Yes:	No:	
Are educational courses or films available?			Yes:	No:	

If proprietary, what are the royalty costs and on what basis are they collected? \_\_\_\_\_

Background description of company offering this proposal: \_\_\_\_\_

Address of company website: \_\_\_\_\_

Whom have you contacted in the Mississippi Department of Transportation?

Has this proposal been made previously?	Yes:	No:
If yes, when?	_____	

Additional information: \_\_\_\_\_

Additional information continued: \_\_\_\_\_

Person completing the form: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Firm represented: \_\_\_\_\_

**For consideration by the Mississippi Department of Transportation Product Evaluation Committee, please submit the original of this form plus one copy and duplicate copies of any relative information (such as product brochures, pictures, testing information, MDS's of constituent materials and/or final product, etc.) to the following address:**

**STATE MATERIALS ENGINEER  
MISSISSIPPI DEPARTMENT OF TRANSPORTATION  
P.O. BOX 1850  
JACKSON, MISSISSIPPI 39215-1850**

**Also prepare a digital copy, i.e. electronically filled form, of the evaluation form and supporting information. Once a hard copy has been received you will be contacted and a digital copy will be requested by email.**