

PRELIMINARY INFORMATION FOR PRODUCT EVALUATION

1. Trade Name _____ Date _____
 Patented: Yes _____ No _____ Applied for _____

2. Manufacturer _____

3. Address _____
 Street/Box _____ City _____ State _____ Zip _____

Web site URL _____

4. Representative _____

5. Address _____
 Street/Box _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

6. Do you represent Manufacturer or Wholesaler?

7. If Wholesaler, list name and address.

8. List specific claims for this product. These claims may form the basis for our testing of the product.

8.1 _____

8.1 _____
 (If more space is needed use additional sheets)

8.1 _____

9. Material Composition _____

10. Will free sample be furnished? Yes _____ No _____
 Will laboratory analysis be furnished? Yes _____ No _____

11. Degree of product toxicity: High _____ Med _____ Low _____ Not Toxic _____

Explain _____

12. Has the short or long term environmental effects associated with use of this product been determined? Yes _____ No _____
 Are Studies underway? Yes _____ No _____
 Will environmental information be supplied? Yes _____ No _____

13. Are material specifications furnished by the Manufacturer? Yes _____ No _____

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- Is a copy attached? Yes _____ No _____ To be mailed _____
14. Is a plan drawing, picture, or sketch furnished? Yes _____ No _____
Is a copy attached? Yes _____ No _____ To be mailed _____
15. The product meets the requirements of the following specifications:
AASHTO _____ ASTM _____ Fed. Spec. _____
Other State Highway Depts. _____ Other Agencies _____
Copies of Agency Specs attached Yes _____ No _____ To be mailed _____
16. Approved for proposed use by highway authorities or other agencies in the following states: _____

17. Are they using product in normal use? Yes _____ No _____
Are they testing it? Yes _____ No _____
18. Are there instructions or directions for installations, applications or use? Yes _____ No _____
Is a copy attached? Yes _____ No _____ To be mailed _____
19. Will a demonstration be provided? _____
20. Are educational courses or movies available? Yes _____ No _____
21. Is special equipment needed for installation or placement? Yes _____ No _____
If so, approximate cost of equipment _____ Rental cost _____
22. Are solvents or cleaners needed to clean equipment? Yes _____ No _____
Solvent name _____ Degree of toxicity. High _____ Med _____ Low _____ None _____
Cost of cleaners _____
23. Is product new on market? Yes _____ No _____ What Year? _____
Alternative for what existing product? _____
24. Availability: Seasonal _____ Non-seasonal _____
Delivery time to site after receipt or order _____
Are quantities limited? Yes _____ No _____
25. Approximate cost _____
26. If proprietary, what are the royalty costs and on what basis are they collected? _____

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27. Is product guaranteed? Yes _____ No _____ Conditions _____

Copy attached? Yes _____ No _____ To be mailed _____

28. Has another office in the Kansas Department of Transportation been contacted? Yes _____ No _____

Which one? _____

29. Additional information _____

(Use additional sheets if necessary)

30. Person(s) furnishing information _____ Date _____

Title and address _____

Fill this form in completely and mail two (2) copies to:

David Behzadpour, P.E.
Technology Transfer Engineer
Kansas Department of Transportation
Materials and Research Center
2300 SW Van Buren
Topeka KS 66611-1195

Phone: 785/291-3847 Fax: 785/296-2526

E-Mail David.Behzadpour@ks.gov