

## **Proprietary Product Certification**

To:	Date:
BLP Project Manager	
KDOT Project No.:	
Project Name:	
Location:	
Full Federal Oversite:	lo Ves Note: If Yes, submit to FHWA Director
A justification and all supporting doo	cuments must be attached to this document.
"]	, , of the
Print Name of Initiator	,, Of the, Position Title, Name of Agency
do hereby certify that in accordance Mark appropriately	e with the requirements of 23 CFR 635.411(a)(2),
	y item is essential for synchronization with existing highway facilities. tive exists for this patented or proprietary item.
	"
Signature	Date
For Department Use Only	
"I	,,
Print Name	Position Title
of the Kansas Department of Trans accordance with the requirements of Mark appropriately:	portation, do hereby aprrove this certification request made in of 23 CFR 635.411(a)(2),
that this patented or proprietary	y item is essential for synchronization with existing highway facilities. tive exists for this patented or proprietary item.
lentify any conditions and limitations:	
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