

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 Jobber? _____
7. If Jobber, 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 _____
- 8.1 _____
- (If more space is needed use additional sheets)
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