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| **wisdot-agency-name-logo-100-black-rgb.jpgPATENTED OR PROPRIETARY PRODUCT JUSTIFICATION**Wisconsin Department of Transportation**DT1584 9/2020** |
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| **By signature of this document, the State official is certifying that in accordance with the requirements of FDM 19-1-5 this patented or proprietary item is:**[ ]  Essential for synchronization (See 19-1-5.2.1)[ ]  No equally suitable alternative exists (See 19-1-5.2.2)[ ]  Specified product is deemed to be in the best interest of the public (See 19-1-5.2.3) [ ]  Research (See 19-1-5.2.4)  |
| **Duration** | **Project Specific Information** |
| [ ]  Project Specific [ ]  Statewide Certification (5 yrs maximum)Specify dates: From:       To:       | Project ID and Title      |
| Product(s)/Material(s) and Name of Manufacturer:      |

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| Product Justification (Provide a short description of the justification for the proposed proprietary application in the context of FDM 19-1-5.2. Use no more than the space below, min. 9pt. font):      |
| **Region Chief for region non-local project or****Region Project Manager for region local program project or****Bureau Chief for statewide product: (signature)** | Name | Date |
|       |       |