

# PRODUCT EVALUATION

DT2164 02/2011 Ch. 84 Wis. Stats.

Wisconsin Department of Transportation

Trade Name of Product	Description - What is it?	Date Submitted
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## RECOMMENDED USES

1. Primary

2. Alternate

Outstanding Features or Advantages Claimed

Manufacturer	Address	City	State	ZIP Code
Representative - Name	Address	City	State	ZIP Code
Representative - Firm	Telephone Number			

## PRODUCT STATUS

New on Market <input type="checkbox"/> Yes <input type="checkbox"/> No	Year First Introduced	Introduced as Alternate For
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## PRODUCT INFORMATION

1. Composition

2. Cost

3. Specifications

4. Furnished by Manufacturer <input type="checkbox"/> Yes <input type="checkbox"/> No Availability of Specifications <input type="checkbox"/> Attached <input type="checkbox"/> To be Mailed <input type="checkbox"/> Not Available	Product Meets the Following Standard Specifications <input type="checkbox"/> AASHTO #: <input type="checkbox"/> ASTM #: <input type="checkbox"/> Federal #: <input type="checkbox"/> Other:
5. Patented <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applied For	5. Proprietary Product <input type="checkbox"/> Yes <input type="checkbox"/> No Royalty Costs:
6. Product Guaranteed <input type="checkbox"/> Yes <input type="checkbox"/> Copy Attached <input type="checkbox"/> No Conditions	

7. Will Free Sample be Furnished? <input type="checkbox"/> Yes <input type="checkbox"/> No	Laboratory Analysis Furnished with Sample? <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. Other Highway Agencies Approving its Use

## ADDITIONAL INFORMATION

(Attach pages for additional information if necessary.)

Name of Person Furnishing Information	Title
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For consideration by the Wisconsin Department of Transportation, submit the original of this form to the person contacted in the Department.

The name and address is:

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)