



MINNESOTA DEPARTMENT OF TRANSPORTATION
Traffic Safety Product Evaluation Application for Signing and Work Zones

Date

Manufacturer Information

Company Name <input type="text"/>	Phone Number <input type="text"/>
Street Address <input type="text"/>	Email Address <input type="text"/>

Distributor Information

Company Name <input type="text"/>	Phone Number <input type="text"/>
Street Address <input type="text"/>	Email Address <input type="text"/>

Product Name and Model

General Use Category Signing Work Zones

Specific Use

Has this product, or one similar to it, been submitted previously to MnDOT? Yes No

If yes, please explain

Please send completed application forms and accompanying information to:

Office of Traffic Engineering,
1500 W County Rd B2, Mail Stop 725,
Roseville, MN 55113
Attn: Tiffany Kautz

Email (preferred): tiffany.kautz@state.mn.us

All information submitted as part of the application process will be considered public data. Do not submit trade secret information.

1. Has this product been crash tested? Yes No NA
See product APL/QPL for crashworthy requirements.

Please provide Federal Approval Letter number (if applicable)

2. Has this product been evaluated by NTPEP (National Transportation Product Evaluation Program)? Yes No

Please provide NTPEP test cycle year (if applicable)

3. Are samples available for evaluation by MnDOT? Yes No

4. Are there hazardous materials associated with the use of this product? Yes No

If yes, provide Safety Data Sheet (SDS).

5. Summarize the manufacturer's capacity for making this product

6. Is there a technical expert and/or service agency to handle repairs, warranty issues? Yes No

If Yes, provide name, address, phone number, email

7. Provide references of government agencies using your product. (If more than three, please attach)

Agency Name
Contact Name
Phone Email

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