

Louisiana Department of Transportation of Transportation and Development

APPROVED MATERIALS EVALUATION FORM

MATERIAL CATEGORY: _____

Date: _____

MATERIAL TRADE NAME: _____ (SYSTEM OR MATERIAL) (Complete separate form for each material submitted)				
MANUFACTURER: _____				
Subsidiary of: _____ (Parent company, if different from manufacturer)		List Parent Company on QPL: Yes No		
Manuf. Corporate Address: _____ Street/P.O. Box City State Zip Code				
Manufacturing Location: _____ Street/P.O. Box City State Zip Code				
Manuf. Phone No: () _____		Manuf. Fax No: () _____		
Manuf. Email Address: _____				
Manuf. Contact Person: _____		Contact's Phone: () _____		
Contact Person's Title: _____		Contact's Location: _____		

MATERIAL REPRESENTATIVE:	Distributor	Manufacturer's Employee	Other _____
Representative's Name and Title: _____			
Representative's Company Name: _____			
Representative's Address: _____ Street/P.O. Box City State Zip Code			
Representative's Phone No.: () _____		Representative's Email Address: _____	

Will this product replace an existing approved material from your company listed on this AML: Yes No

If yes, existing material name(s): _____

Why material is being replaced: _____ Other _____

If new material approved, remove existing material from list: Yes No

When: _____ Other _____

Material patented: Yes No Patent applied for: Yes No
Has this proposal been previously made: Yes No Under what name(s): _____

Alternate or comparable to what existing materials or products: _____

Primary use recommendation: _____

Outstanding features or advantages/disadvantages: _____

Material composition (generic description): _____

Has this material been evaluated (or currently under evaluation) by the National Transportation Product Evaluation Program
Program (NTPEP): Yes No NTPEP Submittal Number: _____ Comment _____

Meets requirements of the following specifications: (List specification reference)
Reference: _____

Availability: Seasonal? Yes No Delivery at site: _____
(Number of days after receipt of order)

Further availability information: _____

Are quantities limited: Yes No Estimated cost of material per unit: \$ _____

Product new on market: Yes No Date introduced: _____ Comment: _____

Are educational courses/films available: Yes No Comment: _____

Is special equipment required to install product: *Yes No

Background description of approved manufacturer offering this proposal: _____

The following available and applicable information shall be attached to this form in order to substantiate, verify or clarify its contents. Attachments shall be numbered.

	Is Item Attached	Attachment Number	Comment
Specifications	_____	_____	_____
Drawings, Sketches, Pictures	_____	_____	_____
Warranty	_____	_____	_____
Installation Instructions	_____	_____	_____
Material Safety Data Sheet (MSDS)	_____	_____	_____
Material Literature	_____	_____	_____
Test data sheets	_____	_____	_____
Certification	_____	_____	_____
Test results	_____	_____	_____

TEST SAMPLE SUBMITTED: DATE _____ SUBMITTER _____			
Method of sample delivery:	UPS/FedEx	US Mail	Other _____

Complete the following information regarding field test site locations:

State	Contact Person	Telephone No.
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

Additional Information: _____

General requirements:

1. Manufacturers/Suppliers are encouraged to install their materials at the test sites.
2. All test materials will be furnished by the Manufacturer/Supplier at no cost to the Louisiana DOTD.
3. A separate form will be required for each material/system submitted for testing.
4. Incomplete Approved Material Evaluation Forms and/or erroneous information furnished as part of this form will result in the material being rejected for testing or inclusion.
5. The Department reserves the right to return all unused samples to the manufacture at no cost to Louisiana DOTD.
6. Forms must be signed by an **official of the manufacturer**.*

*The term "**official or manufacturer**", as used herein and throughout this document, refers to an actual **employee** of the manufacturer - NOT a distributor.

The manufacturer/supplier is hereby notified that the Louisiana Department of Transportation and Development reserves the right to release or distribute any of the information included in or attached to the form, as well as the results obtained as part of our laboratory testing and field evaluation. The Louisiana Department of Transportation and Development reserves the right to require additional information, samples, and testing per material/system as deemed necessary for proper evaluation.

The Louisiana Department of Transportation and Development will not consider any new product for AML testing until the sample is received by the Materials and Testing Section, and this form, along with all required attachments, is completed, signed by an **authorized official of the manufacturer**, and mailed or faxed to the address below. Manufacturer/supplier must meet all requirements outlined in the applicable Qualification Procedure. The signer below agrees to comply with all AML policy and requirements as though specifically outlined herein.

Louisiana Department of Transportation and Development
Materials & Testing Section
Attn: (Name of AML Contact Person) (See list of Contact Persons)
5080 Florida Boulevard
Baton Rouge, LA 70806-4123
Fax: (225) 248-4187

Signed: _____

Name: _____
(Please type or print signer's name)

Position in Company: _____

Address: _____

Date Signed: _____

For further information or list of Approved Material Contact Persons, visit our web page at <http://www.dotd.la.gov/highways/construction/lab/> or contact us at (225) 248-4120.

For specific information regarding a particular Approved Material or Qualification Procedure, call or email the listed Approved Material Contact Person. Telephone numbers, fax number, and email addresses are provided on the Contact Person List.