

Ident. No. _____	Date: _____
Product Source Code _____	Date: _____
Lab No(s). _____	_____
THIS BLOCK FOR DOTD USE ONLY	

Louisiana Department of Transportation and Development
TRAFFIC OPERATIONS APPROVED PRODUCT EVALUATION FORM
TOAPL NO.

[Product Submittal Form for Traffic Operations Approved Product List (TOAPL) Evaluation]

Date: _____

PRODUCT TRADE NAME: _____
 (PRODUCT, SYSTEM OR MATERIAL) (Complete separate form for **each** product submitted)

MANUFACTURER (Company Name): _____				
				(Source)
Subsidiary of: _____		List Parent Company on TOAPL: Yes <input type="checkbox"/> No <input type="checkbox"/>		
(Parent company if different from manufacturer)				
Manuf. Corporate Address: _____				
	Street/P. O. Box	City	State	Zip Code
Manufacturing Location: _____				
	Street/P. O. Box	City	State	Zip Code
Address to be listed on TOAPL: Corporate <input type="checkbox"/> Manufacturing Facility <input type="checkbox"/> (DOTD product verification and purchasing purposes)				
Manuf. Phone No.: (____) _____		Manuf. Fax No.: (____) _____		
Manuf. E-Mail Address: _____				
Manuf. Contact Person: _____		Contact's Phone: (____) _____		
Contact Person's Title: _____		Contact's Location: _____		

PRODUCT REPRESENTATIVE: Distributor <input type="checkbox"/> Manufacturer's Employee <input type="checkbox"/> Other _____				
Representative's Company Name: _____				
(If different from manufacturer)				
Representative's Name and Title: _____				
(Please print or type)				
Representative's Address: _____				
	Street/P. O. Box	City	State	Zip Code
Representative's Phone No.: (____) _____		Rep. Fax No.: (____) _____		
Representative's E-Mail Address: _____				

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

If yes, existing product name(s): _____ Existing Product Source Code(s): _____

Why product is being replaced: Discontinued New Formulation Economic Reasons Other _____

If new product approved, remove existing product from list: Yes No When: Immediately 6 Months Other _____

Product 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: _____

Alternate or secondary use: _____

Outstanding features or advantages/disadvantages: _____

Material composition (generic description): _____

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

Meets requirements of following specifications: (List specification reference)
AASHTO _____ ASTM _____ Fed. Spec. _____ Other _____

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
*(If yes, manufacturer/supplier will furnish the special equipment and install the material.)

Further equipment information: _____

Background description of source offering this proposal: _____

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

	Is Item Attached (Check here)	Attachment Number	Comment
Specifications	_____	_____	_____
Drawings, Sketches, Pictures	_____	_____	_____
Warranty	_____	_____	_____
Installation instructions	_____	_____	_____
Material Safety Data Sheet (MSDS)	_____	_____	_____
Product/material literature	_____	_____	_____
Test data sheets	_____	_____	_____
Certification	_____	_____	_____
Test results	_____	_____	_____

TEST SAMPLE SUBMITTED: DATE _____ **SUBMITTER** _____

Method of sample delivery: UPS/FedEx Bus 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 product/system submitted for testing.
4. Incomplete Approved Product 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 manufacturer at no cost to the Louisiana DOTD.
6. Form must be signed by an **official of the manufacturer**.*

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

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