



VTTrans Lab # _____

**POLICY, PLANNING, & RESEARCH BUREAU
Research & Development Section**

New Product Submittal Form

Please answer all questions. Where a question is not applicable enter "N/A". Attach extra sheets if needed. Refer to item number when explaining any item.

1. Trade Name _____
Manufacturer _____
Address _____
City _____ State _____ Zip Code _____ Phone # _____

2. Local Distributor _____
Address _____
City _____ State _____ Zip Code _____ Phone # _____

3. Brief Description of Product: _____

4. Recommended Uses _____

5. Outstanding Features or Advantages Claimed _____

6. General Composition of Material (attach Laboratory Report When Applicable.) _____

7. Date Introduced on Market _____

8. Alternate for What Existing Product? _____

9. Desired specification number placement for your product _____
 (within the Vermont Agency of Transportation 2011 Standard Specifications for Construction, Materials section.) <http://vtrans.vermont.gov/contract-admin/construction>
10. Cost per Unit Material (F.O.B. \$ _____)
11. Material Specifications Furnished by Manufacturer ? Yes _____ No _____
 Are Instructions for Installation Furnished ? Yes _____ No _____
 Are Material Safety Data Sheets Required ? Yes _____ No _____
 Are Material Safety Data Sheets Furnished ? Yes _____ No _____
12. Product Meets the Following Specifications:
 AASHTO _____ ASTM _____ Federal Spec. _____
 Others _____
13. Has this product been evaluated (or is it currently under evaluation) by the National Transportation Product Evaluation Program (NTPEP)? Yes ___ No ___ NTPEP Report Number _____
14. List Other Transportation Authorities Who Are Testing or Have Approved the Product
- | | | |
|----------------------|---------------|----------------|
| Agency _____ | Exp.Use _____ | Std. Use _____ |
| Contact Person _____ | Phone # _____ | |
| Agency _____ | Exp.Use _____ | Std. Use _____ |
| Contact Person _____ | Phone # _____ | |
| Agency _____ | Exp.Use _____ | Std. Use _____ |
| Contact Person _____ | Phone # _____ | |
15. Information Furnished By _____ Phone # _____
 Address _____
 Email _____ Fax # _____
16. Date Completed _____

PLEASE DO NOT SUBMIT SAMPLES WITH THIS FORM unless you have received instructions to do so.

Forward completed form and applicable product information including product bulletins, MSDS, and installation instructions to the following address. Electronic copies are preferred.

Vermont Agency of Transportation
 Research & Development Section
 1 National Life Drive
 Montpelier, VT 05633
 Phone: 802-498-7586
Email: AOT.ResearchSection@vermont.gov