

1. Product Information (one product per form)*:
Product Name (exactly as marketed): _____ NTPEP Number (if applicable): _____
Manufacturer Name: _____
Division (if applicable): _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Representative: _____ Title: _____
Phone Number: _____ Email: _____
2. VTrans' Specification Number(s) & Description(s) this product conforms to (select all that apply, if more than 4 complete additional form)(specifications not listed in the drop down are not eligible for inclusion on APL)*:

3. Distributer Information (complete only if different than the manufacturer above).
Distributor that services Vermont where contractors can obtain the product, attach additional sheets if more than one.
Name: _____ Phone Number: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
4. Submitter Information (complete only if different from manufacturer representative above):
Name: _____ Phone Number: _____ Email: _____
Company: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
5. Buy America*:
Do all manufacturing processes occur in the United States? Yes No
Is 55%, or greater, of product cost derived from components manufactured in the United States? Yes No
NOTE: Selecting "No" does not disqualify a product from the VTrans' APL. VTrans will review applicability of Buy America and Build America, Buy America for each submittal.

*Required Fields

In addition to this form, also submit Product/Technical Data Sheets, Safety Data Sheets, Installation Instructions, Maintenance Instructions, Test Data, and/or any other pertinent documentation as applicable.

PRODUCT CERTIFICATION

I hereby certify the information provided is accurate and the product submitted in Section 1 of this form conforms to the requirements of the Vermont Agency of Transportation *Standard Specifications for Construction*, including General Special Provisions, for the material specification(s) identified in Section 2 of this form. Signing this document does not alleviate the signee of providing evidence of such upon request.

Authorized Representative (Print): _____ Title: _____

Signature: _____

Company: _____

Representing (Manufacturer, Supplier, or Contractor): _____

Phone Number: _____ Email: _____

Product certification alone does not ensure approval

Submit forms and supporting documentation electronically to AOT.MaterialsCertifications@vermont.gov