Product Evaluation Required Documents:
1. New Products Evaluation Request Form (Print & Mail)
2. Manufacturer Certification Letter
3. Product Technical Data Sheets
4. Material Safety Data Sheets
5. Certified Independent Laboratory Reports (Less than 5 years old)
   *(Interim Reports not accepted)*
6. Other States Test Reports *(where approved)*

Please complete the following Information request:

Trade Name: _________________________________________________________________________
Manufacturer: ________________________________________________________________________
Address_____________________________________________________________________________

Company’s e-mail address______________________________________________________________
or e-mail address of person submitting product and title and phone number.

Brief Description of Product _____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Contact Person: ___________________, Title ________________, Phone Number_________________
e-mail address: _______________________________________________________________________

In-state Distributors ___________________________________________________________________
Address_____________________________________________________________________________

Recommended Uses___________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Cost Per Unit (F.O.B.)____________________ Estimated Retail Cost ___________________________

The Product being submitted meets the following specifications:
AASHTO ____________________ ASTM ______________________Federal Spec. ____________________
Nebraska Department Of Transportation Standard Spec.___________________________

Has product been tested by AASHTO’s National Transportation Product Evaluation Program (NTPEP)?  Yes   No - *(Circle One)* If Yes, indicate which test deck, __________________________.

Attach excerpt of NTPEP test report, if applicable.

List other state DOT’S where product is currently being tested.
State ___________, Contact Person _______________________, Phone Number ___________
State ___________, Contact Person _______________________, Phone Number ___________
State ___________, Contact Person _______________________, Phone Number ___________

(Use only if sending by US Postal Service) Mail to: Nebraska Department of Transportation
Materials and Research Division
P.O. Box 94759
Lincoln, NE. 68509
Attention: Doug Churchwell

(Use if sending by UPS or FedEx or DHL) Shipping Address
for Samples or Mail: Nebraska Department of Transportation
Materials and Research Division
1400 Highway 2
Lincoln, NE. 68502
Attention: Doug Churchwell