

MnDOT Bridge Elastomeric Bearing Pads Qualification Procedure

1. Send a personalized submittal package to:

Richard Karras

MnDOT Bridge Office MS 610
3485 Hadley Avenue North
Oakdale, MN 55128-3307

Office Phone: (651) 366-4569

Fax Number: (651) 366-4566

email: richard.karras@state.mn.us

Submittal package should include:

- Completed New Products Application Form (Attached)
- Manufacturer contact name, address, phone number and email address
- Product Data Sheets including proprietary drawings with dimensions

New Product ID # _____
(For MnDOT Use Only)

Revised 3/9/2009

State of Minnesota
Department of Transportation
New Product Preliminary Information Form

INSTRUCTIONS: Answer ALL questions. Where a question is not applicable enter "N/A".
Attach additional sheet(s) as required with reference to item number.

Date: _____

1. Trade Name _____

Manufacturer _____

Phone No. (_____) _____

Address _____ City _____ State _____ Zip _____

Patent pending Yes ___ No ___ Patent No. _____

2. Local Distributor _____ Phone No. (_____) _____

Address _____ City _____ State _____ Zip _____

3. Recommended Primary
Use: _____

4. Describe product, material equipment or process:

5. Describe any limitations or use restrictions:

6. Material composition (attach laboratory test results, storage requirement, shelf life,
Material Safety Data Sheet and disposal procedure):

7. Outstanding feature or advantage claimed:

8. Date introduced on market _____. Alternate for what existing product?

9. a. Total Estimated Cost Per Unit Material (including delivery) _____
b. Total Estimated Cost Per Unit Furnished and Installed _____

10. Does product meet requirements of any of the following specifications?
(Give specific number.)
AASHTO _____ ASTM _____ Fed. Spec. _____ Mn/DOT _____
Others (state and attach specifications) _____

11. Indicate whether this product has been evaluated by a national or regional product
evaluation program? (Attach any results.)
_____ HITEC _____ NTPEP _____ Others (specify)

12. Cite use by other agencies and persons to be contacted concerning experience with use,
including how many years used, and whether use has been experimental or routine (list
names, titles, mailing address and phones):

13. Note here and attach any test results, reports, etc., from the organizations above:

14. Is a documented quality control process available for this product?

15. Who has been contacted within Mn/DOT about this product? _____

Has this person been sent a copy of this form? _____

16. Additional comments: _____

Name and Title of person completing this form:

Address, State, Zip:

Date: _____ Phone: () _____

Email Address: _____

_____ Manufacturer _____ Representative